2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000017624 Apr 24, 2000 8:00 am Secretary of State C & P ADAMS BUILDERS, INC. 04-24-2000 90035 014 ***150.00 Principal Place of Business Mailing Address 1245 E. NORVELLE BRYANT HWY. 1245 E. NORVELLE BRYANT HWY. HERNANDO FL 34442-4552 HERNANDO FL 34442 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRAVIS, CLIFFORD M ESQ. Street Address (P.O. Box Number is Not Acceptable) 107 N. APOPKA AVE. **INVERNESS FL 34450** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE TITLE ADAMS, SCOTT NAME NAME STREET ADDRESS 1245 E. NORVELLE BRYANT HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 (Change Addition ☐ Delete TITLE NAME ADAMS, PAM NAME 1245 E. NORVELLE BRYANT HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 Delete TITLE ☐ Change - Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00

352-137-4083

Daytime Phone #