2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 04, 2000 8:00 am Secretary of State DOCUMENT # P99000039831 1. Entity Name LIBERTY MASONRY & CONCRETE, INC. 02-04-2000 90020 028 ***150.00 Principal Place of Business Mailing Address 120 EAST AVENUE 120 EAST AVENUE NAPLES FL 34108 NAPLES FL 34108-3422 BUC12673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3595388 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Anthony Lawhon LEE. KELLY A Street Address (P.O. Box Number is Not Acceptable) Parrish, White, Lawhon & Moore, P.A. 233 S AIRPORT ROAD NAPLES FL 34104 2171 Pine Ridge Road, Ste. D Zip Code 34109 Naples 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Change X Addition TITLE ☐ Delete President/Director NAME NAME Charles "Bobby" Tatum STREET ADDRESS STREET ADDRESS 120 East Avenue CITY-ST-ZIP CITY-ST-ZIP Naples, FL 34108 Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition . Delete TITLE Change TITLE Vice_President/Secretary_ NAME NAME Sandra Tatum STREET ADDRESS STREET ADDRESS 120 East Avenue CITY-ST-ZIP CITY-ST-ZIP Naples, Florida -34108 ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ 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

13. I hereby certify that the information supplied with this filling 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:

