2003 FOR PROFIT CORPORATION

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DOCUMENT # P9900041218 THE Entity Name PETER JONES CONTRACTING, INC.						FILED 03 OCT 20 PM 1: 20 Scondtary of sime				AV
Principal Place of Business 275 W. SEA VIEW DR. DUCK KEY FL 33050		Mailing Address 275 W. SEA VIEW DR. DUCK KEY FL 33050				TALLAH.	LONGTARY OF STATE LAHASSEE. FLORIDA			
2. Principal Place of Business		3. Mailing Address					=1\1157 \		ÎÑ HR HII	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			20 OCHECK HERE	FIF MAKING: CHÀ	NGES			
City & State		City & State			4.	FEI Number 65-091630	1	-	olied For Applicable]
Zip Country		Zip Cour		ry - ==	5.	Certificate of Status Desired		75 Addit Required		_
	6. Name and Address of Current	Registered Agent			7.	Name and Address of New	Registered Agen	t		_
ROBINSON_J_W				Name		Mas D.	WRIG	H	<u> </u>	_
609 BAY	AVE.			- alleel Mul	11688 (F.O. E		(e)			
	ATER FL 34616	•		97	11	Overseas			say	1
			ļ	City r	Vara	That	FL\Z	ip Code	-~	1
8. The above the obligated SIGNATURE.	named entity submits this statement from the control of the contro	Jack	its registere				orida. I am familia		nd accept	
After Se Make Check	ILE NOW!!! FEE IS \$550.00 ptember 10, 2003 Fee will be \$750 c Payable to Florida Department of		_			9. Election Campaign F Trust Fund Contributi		\$5.00 Added t	May Be to Fees	
10.	OFFICERS AND	DIRECTORS	11.		AC	DITIONS/CHANGES TO OF	FICERS AND DIRE	CTORS	IN 11]_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV JONES, PETER 275 W. SEA VIEW DR. DUCK KEY FL 33050	f		t	,			Change	Addition	CR2E034 (4/03)
TITLE NAME STREET ADDRESS		Delete	TITLE			4000235 10/03/0301006			Addition	CR2
CITY-ST-ZIP			CITY-	ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J	. سے د مند		الا	Change	Addition	
TITLE NAME STREET ADDRESS, CITY-ST-ZIP		☐ Delete		Í				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delste	TITLE NAME STREE			KU 10/55		Change	☐ Addition	:
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP	<u>.</u>	*		Change	☐ Addition	†
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report i	n this filing does not qualify s true and accurate and tha	for the exen	nption stated ure shall hav	I in Section e the same	119.07(3)(i), Florida Statutes legal effect as if made under	I further certify the oath; that I am an	at the info	ormation r director	<u> </u>

SIGNATURE:

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Da

As per a telephone conversation with Ruly (250-245-6059)
earlier today, please find enclosed the poperwork;
filled out according to her instructions - to with
The new agent, and his synature, and the return letter;
from your dated out 6/2003.
I would be extreamly grateful, if you can process this
poperwork in 3 to 5 days, as I need it for contract purposes
When it is processed, please for a capy to 305-289-4411

So I can gene it to a government aggerey. Thouh you very much.

Petros UP.
PETER JONIES CONTRACTIVE DIC