2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064195 May 05, 2000 8:00 am Secretary of State ABT CONSTRUCTION, INC. 05-05-2000 90018 048 ***150.00 Mailing Address Principal Place of Business 11759 MALLARD LANE 11759 MALLARD LANE JACKSONVILLE FL 32218-3420 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3637497 Not Applicable Country \$8,75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TROUTMAN, ANDREA E Street Address (P.O. Box Number is Not Acceptable) 11759 MALLARD LANE JACKSONVILLE FL 32218 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE President Change Addition 155. ☐ Delete TITLE Andrea E. Troutman 11759 Mallard Lane NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jacksonuille, FL 32218 CITY-ST-7/P Dice-Aresident ☐ Addition Change ☐ Delete TITLE Bernard M. Troutman NAME 11759 mailard lane STREET ADDRESS STREET ADDRESS CITY-ST-7IP Jacksonville, FL 32218 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/E CITY-ST-ZIP □ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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.

Dioutino Mandrea E. Troutman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: