2000	UNI	FORM BUS	INESS REPO	ORT	(UB	R)	Imen	de	L					
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Justice Construction Company, Inc.							SEURE PARY OF STATE DIVISION OF CORPORATIONS							
Principal Plac	e of Business	3	Mailing Address				00 NOV -9 PM 7: 04							
	5th Str ey, FL		659 5th Street Chipley, FL 32428						•					
2. Principal P 918 De Suite, Apt.	olphin	<sub>ess</sub> Harbour Drive	3. Mailing Address 918 Dolphin Harbour Drive					•						
			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State Panama		Beach, FL 🗀 🎋	City & State Panama City Beach, FL				4. FELD	umber 1 - 3	603	186	,		Applied For Not Applicabl	
Zip 32407		Country USA	Zip 32407.	US	intry A		5. Certificate of Status Desired			sired ·		\$8.75 / Fee Requ		
	6. Name	and Address of Current I	Registered Agent		_Name_		7. Name	and Ad	dress of	New Re	gistered	Agent :		
•		Watson, P.A. way 30-A, Suit	a 105	-				s (P.O. Box Number is Not Acceptable)						
	_	ch, FL 32459	.e 103		·	<del></del>		_						
	•				City		·		_		Ē.	Zip C	ode	
8. The above	named entity	submits this statement for	the purpose of changing its	s registere	ed office o	r register	ed agent, o	r both, in	the state	e of Flori	Fl	<u> </u>		
SIGNATURE	Signature (VDed of FILE)		ond sitle if applicable. (NO  9. Election Campaig  Trust Fund Contrib	ın Financi		\$5.0	when reinstating	g: <u>Union</u>	The state of the s	THE WAY SEE THE SEE SEE	DATE	g angama katan biga ka	4 4	
						Added	110 F885	EN WAND	West Busine Persons	PRESENTED IN THE MET OF	water water 1 and	P. PS. In. S. DELAND. 1		
10.	Vice	OFFICERS AND DIR President	ECTORS  Defete	11.								IRECTORS	_	
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NAME STREET ADDRESS	1847· 1	Justice Duncan Communi	ty Road		ET ADDRESS		E	5/DC	1000	.34	81:	256	•	
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STREET ADDRESS CITY - ST - ZIP					T ADDRESS ST-ZIP	•								
12. I hereby conditions of the corp changed, of	ertify that the on this report coration or the or on an attac	information supplied with to supplemental report is to receiver or trustee empoy thment with an address, with the supplement with an address.	this filing does not qualify fo true and accurate and that r wered to execute this report ith all other like empowered.	■ f the exer Try signate as require	nption stat ure shall hed by Cha	ed in Sec ave the sa pter 617,	ction 119.07 ame legat e Florida Sta	(3)(i), Flo ffect as i tutes; an	orida Sta f made u d that my	tutes, i fu inder oal / name a	urther ce th; that I appears i	rtify that the am an offici in Block 10	information or director or Block 11 if	

SIGNATURE: 11-2-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #