2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90116 011 ***150.00

DOCUMENT # P99000096820

1. Entity Name
AAA SPEC BLOCK, INC.

Principal Place of Business	Mailing Address
6760 NW 24TH AVE RD OCALA FL 34475 US	~~P.O. BOX 729~~ ~~REDDICK FL 32686~~ ~~US~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	20 SOUTH BROAD STREET Suite, Apt. #, etc.
City & State	BROOKSVILLE, FL
Zip / Country	34601 / HERNANDO

4. FEI Number 59-3616757 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~PICKEL, REBECCA M~~ ~~8320 NW 47TH ST~~ ~~OCALA FL 34482~~	Name: THOMAS S. HOGAN, JR. Street Address (P.O. Box Number is Not Acceptable): 20 SOUTH BROAD STREET City: BROOKSVILLE, FL Zip Code: 34601

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: T Thomas S. Hogan, Jr. 4-17-01
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ ~~PICKEL, GARY M~~ ~~8320 NW 47TH ST~~ ~~OCALA FL 34482~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NICHOLAS DOWNES 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DS~~ ~~PICKEL, REBECCA M~~ ~~8320 NW 47TH ST~~ ~~OCALA FL 34482~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KENDRA SITTIG 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D R. VICTOR TAGLIA 1115 SOUTH MAIN STREET BROOKSVILLE, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS S. HOGAN, JR. 20 SOUTH BROAD STREET BROOKSVILLE, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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: R. Victor Taglia, DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #