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PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S00344

(9)

MICHAEL BURCUM CONTRACTING, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5468 RAMADA ST. 5468 RAMADA ST. **SPRING HILL FL 34807-1527** SPRING HILL FL 34607-1527 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3026241 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 28 Trust Fund Contribution Added to Fees Zip Country Ζıp Country 8. This corporation owes or has paid the current year Intangible 29 30 Personal Property Tax due June 30. Yes ☐ No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURCUM, MICHAEL 5468 RAMADA ST. Street Address (P.O. Box Number is Not Acceptable) 82 SPRING HILL FL 34607 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PTSD TITLE 1.1 TITLE BURCUM, MICHAEL 1.2 NAME NAME CR2E034 5468 RAMADA ST. 1.3 STREET ADDRESS STREET ADDRESS SPRING HILL FL CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST-ZIP CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: CITY-ST-ZIP

6.1 TITLE 6.2 NAME

6.3 STREET ADDRESS

TITLE

NAME

STREET ADDRESS

DELETE

Addition

Change