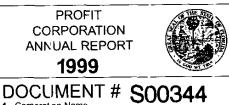
1999

MICHAEL BURCUM CONTRACTING, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90206 049 ***150.00

Mailing Address Principal Place of Business 5468 RAMADA ST. 5469 RAMADA ST. SPRING HILL FL 34607-1527 SPRING HILL FL 34607-1527 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 09/10/1990 App ied For 4. FEI Nu nber 2a. Mailing Address 2. Principal Place of Business 59-3026241 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State 6. Election Campaign Financing City & S:ate Trust Fund Contribution Added to Fees 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Courtry []No Pres 30 Personal Property Tax. 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURCUM, MICHAEL Street Acdress (P.O. Box Number is Not Acceptable) 82 5468 RAMADA ST. SPRING HILL FL 34607 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.050/2 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its legistered 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 a scept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed n. me of registered agen, and title if applicable. (NO E: Registered Agent signature regulared when reinstating CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change DELETE PTSD 1.1 TITLE TITLE BURCUM, MICHAEL 12 NAME NAME 5468 RAMADA ST. STREET ADDR ESS 1.3 STREET ADDRESS SPRING HILL FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 21 TIBE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 3,1 TITLE TITLE 3.2 NAME NAME STREET ADDF ESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDF ESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDITIESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME

14. I hereby certify that the inform ation 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 office or of director of the corporation or the receiver or trustee empowered to execute this report as required by Charter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADD RESS

ER OR DIRECTOR

352 596 2255