FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 07, 2000 8:00 am Secretary of State OCUMENT # \$10588 Entity Name 03-07-2000 90014 014 ***150.00 ALLEN BROTHERS CONSTRUCTION, INC. Principal Place of Business Mailing Address LINGROVE RD 9102 LINGROVE RD C0020537 BROOKSVILLE FL 34613-5187 --:::: FL 34613 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3039278 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ALLEN, JEFFREY. B. Street Address (P.O. Box Number is Not Acceptable) 9102 LINGROVE RD **BROOKSVILLE FL 34613** City Zip Code 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 DATE and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 corporation is eligible to satisfy its Intangible 9. Th 10. Election Campaign Financing \$5.00 May Be fax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/99) Delete TITLE Addition ALLEN, JEFFREY B. NAME NAME STREET ADDRESS 9102 LINGROVE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34613** Change Addition Delete TITLE ALLEN, TIMOTHY D. NAME NAME STREET ADDRESS 9102 LINGROVE RD STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34613** CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP ————— TITLE ☐ Change

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☐ Addition

Addition

Addition

SIGNATURE: / SULLY S. ALLEN Z-5-00 352-597-7865