FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 17 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT # V11069** (4)B & D CONSTRUCTION, INC. Principal Place of Business Mailing Address 826 E WASHINGOTN AVE P. O. BOX 1443 EUSTIS FL 32726 EUSTIS FL 32727 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/30/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-3105530 21 26 \$8.75 Additional Suite, Apt. #, etc Suite, Apl. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes or has paid the current year Intangible Zip Yes Personal Property Tax due June 30. 24 25 29 30 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BLANCHARD, CLAYTON H. JR 35 E PINEHURST BLVD Street Address (P.O. Box Number is Not Acceptable) **EUSTIS FL 32726** 83 Zip Cor e City 85 84 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 Lorida. 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 (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 11 TITLE TITLE WIGHTMAN, BRADLEY R. 1.2 NAME NAME 826 E WASHINGTON AVE 1.3 STREET ADDRESS STREET ADDRESS **EUSTIS FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE WIGHTMAN, PATRICIA L. 2.2 NAME NAME 826 E WASHINGTON AVE 2.3 STREET ADDRESS STREET ADDRESS **EUSTIS FL** 2.4 CITY-ST-ZIP CiTY-ST-ZIP Addition Change DELETE 3 1 TITLE WIGHTMAN, PATRICIA L. 3.2 NAME P. O. BOX 1443 N/A 3.3 STREET ADDRESS STREET ADDRESS **EUSTIS FL** 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

(352)

14. Thereby 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 supplienced all 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

CITY-ST-ZIP