Applied For

Not Applicable

2002 UNIFORM BUSINESS REPORT (UBR)

City & State

DOCUMENT# F9200000063 CANNON/ESTAPA GENERAL CONTRACTORS, INC. Principal Place of Business Mailing Address 87 HICKORY SPRING IN DR 87 HICKORY SPRING IND DR CANTON GA 30115 CANTON GA 30115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Aug 11, 2002 8:00 am Secretary of State

08-11-2002 90171 040 ***558.75

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DO NOT WRITE IN THIS SPACE

58-1989585

4. FEI Number

| (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added | |
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| Name Street Address (P.O. Box Number is Not Acceptable) | ditional ed |
| Name Street Address (P.O. Box Number is Not Acceptable) | |
| Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 City City FL City FL Zip Coc | |
| PLANTATION FL 33324 City | |
| 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. I am familiar with, the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. Election Campaign Financing Trust Fund Contribution. Adder State 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribution. After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State 19. This corporation is eligible to satisfy its Intangible Trust Fund Contribut | |
| B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaining) DATE 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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) 11. OFFICERS AND DIRECTORS TITLE NAME PD CANNON, TERRY L 422 ETOWAH VALLEY WAY WOODSTOCK GA 30189 TITLE NAME STREET ADDRESS CITY-ST-ZIP | and accept |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS TITLE NAME PD CANNON, TERRY L 422 ETOWAH VALLEY WAY WOODSTOCK GA 30189 TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 13. 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 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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes. | |

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 chapter 607 on an attachment with an address, with all other like empowered.

SIGNATURE:

City & State

8/8/02 770 345 1750
Date Dayline Priore #