

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90183 009 ***150.00

DOCUMENT # P94000086666
Entity Name PI Construction Corporation
Principal Place of Business 3498 Pond Springs Road
 Building A
 Austin TX 78729
Mailing Address Same

Principal Place of Business 3. **Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State **City & State**
Country **Country**

DO NOT WRITE IN THIS SPACE
4. FEI Number 84-1199992
Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 John Harrell
 11221 St. Johns Ind. Parkway
 Building aa221 #2
 Jacksonville FL 32246

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FILE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| OFFICERS AND DIRECTORS | | <input type="checkbox"/> Delete |
|------------------------|--|---------------------------------|
| ST- ZIP | President William Clary 13498 Pond Spgs. Rd, Austin TX 78729 | <input type="checkbox"/> |
| ST- ZIP | | <input type="checkbox"/> |
| ST- ZIP | | <input type="checkbox"/> |
| ST- ZIP | | <input type="checkbox"/> |
| ST- ZIP | | <input type="checkbox"/> |
| ST- ZIP | | <input type="checkbox"/> |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|-------------|---------------------------------|-----------------------------------|
| TITLE | NAME | | |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | CITY-ST-ZIP | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | CITY-ST-ZIP | | |

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.

SIGNATURE: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William Clary, President 5-1-00
 (512) 918-1161 Date Daytime Phone #