

FILED
May 22, 2001 8:00 am
Secretary of State
 05-22-2001 90057 042 ***150.00

DOCUMENT # P94000086666
 Entity Name: **PI Construction Corporation**

Principal Place of Business **Mailing Address**
 PMB 272, 13492 Research Blvd., Suite 120, Austin TX 78729 Same

Principal Place of Business **3. Mailing Address**

City & State **City & State** **4. FEI Number** **Applied For**
 Austin TX Austin TX 84-1199992 **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent **7. Name and Address of New Registered Agent**

John Harrell
 11221 St. Johns Ind. Parkway
 Building aa221 #2
 Jacksonville FL 32246

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

770708

DO NOT WRITE IN THIS SPACE

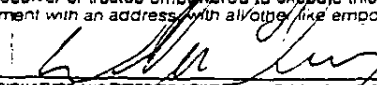
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NUMBER FEES \$150.00**
10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
William Clary, President <input type="checkbox"/> Delete ADDRESS PMB 272 13492 Research Blvd., Suite 120 Austin TX 78729	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **William Clary, President** **5-1-01**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (512) 918-1162 Daytime Phone #