2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 21, 2000 8:00 am Secretary of State DOCUMENT # 138572 1. Entity Name FDC HOLDINGS, INC. 01-21-2000 90119 002 ***150.00 Principal Place of Business Mailing Address MYRICK MYRICK 700 SOUTH MURICK ~ 700 SOUTH MURICK 1 P. O. BOX 1951 P. O. BOX 1951 C0009149 PENSACOLA FL 32505 PENSACOLA FL 32589-1951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0246255 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCEACHERN, BILL JR "CEDAR" Street Address (P.O. Box Number is Not Acceptable) 25 W CEOAR ST 4TH FLOOR PENSACOLA FL 32501 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete Change ☐ Addition TITLE NAME LONG.D C NAME 690 SOUTH MYRICK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32505 TITLE ☐ Delete TITLE NAME LONG. C. R. NAME 2103 W. 46TH STREET 5311 INDUSTRIAL DR. SOUTH-STREET ADDRESS STREET ADDRESS PINEBLUPF. AR. 71603 CITY-ST-ZIP PINE BLUFF AR 71602 -CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change LONG, M. A. NAME NAME STREET ADDRESS 690 S MYRICK STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32505 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR