2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 344595

1. Entity Name
BEARD EQUIPMENT COMPANY

FILED
04 NOV 18 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3195 W NINE MILE RD PENSACOLA, FL 32534 US	~~3195 W NINE MILE RD~~ ~~PENSACOLA, FL 32534 US~~

10072004 REIN-P CR2E098 (6/04) 04

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	2480 East I65 Service Rd N Suite, Apt. #, etc. —
City & State	City & State: Mobile, AL
Zip / Country	Zip: 36617 / Country: USA

4. FEI Number: 59-1288195 ☐ Applied For ☐ 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
BEARD, WILLIAM B PINE FOREST ESTATES CANTONMENT, FL 32533	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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, and accept the obligations of registered agent.

SIGNATURE: Milton Persons William B Beard DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

Milton I. PERSONS — William B. Beard

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BEARD,WILLIAM B 3937 HWY. 297-A PENSACOLA, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST R PERSONS, MILTON 1837 WEAVER DR. MOBILE, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Persons, Milton 904 Arrowhead Dr Saraland, AL 36571
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEARD, WILLIAM B. JR. 225 LAKEWOOD DRIVE, WEST MOBILE, AL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 63 S. McGREGOR Ave Mobile AL 36608
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition AB 11/24
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Milton Persons William B. Beard 850-477-7785 251-456-1993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #