2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 438192 Feb 22, 2000 8:00 am 1. Entity Name **Secretary of State** PARKER, MEL REALTY, INC. 02-22-2000 90062 012 ***150.00 Principal Place of Business Mailing Address 965A DENTON BLVD. 965A DENTON BLVD. FT. WALTON BEACH FL 32547 FT. WALTON BEACH FL 32547-1671 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1497437 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARKER, (MELTON S.) Street Address (P.O. Box Number is Not Acceptable) 965 N. DENTON BLVD. FT. WALTON BEACH FL 32547 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition TITLE ☐ Delete TITLE PARKER, MELTON S NAME 965 DENTON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BCH FL Change Addition TITLE ☐ Delete TITLE PARKER, MELTON S NAME NAME STREET ADDRESS STREET ADDRESS 965 A DENTON BLVD CITY-ST-ZIP CITY-ST-7IP FT WALTON BCH, FL 00000 Detete ---TITLE TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. 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.

Jan 12 2000 850 862-7125