2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 04, 2000 8:00 am Secretary of State DOCUMENT # 670548 1. Entity Name ABACO ALUMINUM COMPANY 08-04-2000 90003 040 ***550.00 Mailing Address Principal Place of Business 1209 S E 9TH TERRACE 1209 S E 9TH TERRACE CAPE CORAL FL 33990 CAPE CORAL FL 33990 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 59-1999373 Not Applicable Zip 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 VARNADOE, CARL Street Address (P.O. Box Number is Not Acceptable) 1209 S E 9TH TERRACE CAPE CORAL FL 33904 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Mln. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE ☐ Defete NAME VARNADOE: CARL H NAME STREET ADDRESS STREET ADDRESS P.O. BOX 150872 N/A CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Delete TITLE ☐ Change Addition NAME NAME VARNADOE, KEITH W STREET ADDRESS STREET ADDRESS P.O. BOX 150872 N/A CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL - Change - Addition TITLE Delete TITLE NAME VARNADOE, KEVIN NAME STREET ADDRESS STREET ADDRESS P.O. BOX 150872 N/A CITY-ST-7IP CiTY-ST-ZIP CAPE CORAL FL ☐ Addition Change ☐ Delete TITLE TITLE VARNADOE, KRISTOPHER R NAME STREET ADDRESS STREET ADDRESS P.O. BOX 150872 N/A CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Delete TITI F ☐ Change TITLE 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