2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 694611** 1. Entity Name DAVIS, BROWNING, AND SCHNITKER, P.A. 04-16-2001 90017 002 ***150.00 DAVIS, SCHNITKER, REEVES & BROWNING, P.A. Mailing Address Principal Place of Business C/O EDWIN B. BROWNING C/O EDWIN B. BROWNING 901 WEST BASE STREET $\mathbf{v} \leftrightarrow \mathbf{v} + \mathbf{v} \leftrightarrow \mathbf{v}$ 901 WEST BASE STREET MADISON FL 32340 MADISON FL 32340 2. Principal Place of Business 3. Mailing Address 901 West Base Street Post Office Drawer 652 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2207374 Not Applicable Madison, Florida Madison, Florida Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 32341 32340 Madison Madison 7. Name and Address of New Registered Agent. _.6. Name and Address of Current Registered Agent Name schnitker, clay a Street Address (P.O. Box Number is Not Acceptable) 901 WEST BASE STREET MAISON FL 32340 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition □ Delete TITLE TITLE NAME SCHNITKER, CLAY A NAME STREET ADDRESS 901 WEST BASE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON FL 32340 ☐ Addition Change Delete TITLE TITLE SCHNITKER, CLAY A. NAME NAME STREET ADDRESS STREET ADDRESS 901 WEST BASE ST CITY-ST-ZIP CITY_ST-7IP MADISON FL Change ☐ Addition ☐ Delete TITLE TITLE REEVES, GEORGE-T-... NAME NAME -STREET ADDRESS 901 WEST BAST STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MADISON FL 32340 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 acquired 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 true 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 precities among the changed.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

850-973-4186

Daytime Phone #