2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 719001 Sep 07, 2000 8:00 am Secretary of State O9-07-2000 90062 019 ****61.25

Mailing Address Principal Place of Business 6901 26TH STREET WEST 6901 26TH STREET WEST **BRADENTON FL 34207 BRADENTON FL 34207** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Zip 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 TERRY - E--- HOLEAND Street Address (P.O. Box Number is Not Acceptable) BILQDEAU, ISABEL 1305 HARVARD AVE ST. NW 1005 **BRADENTON FL 34207** Zip Code BRADENTON 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. 9. Election Campaign Financing Make Check Pavable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. After September 13, 2000 min. will be \$236.25 Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11, 10. Delete TITLE flockAND gist ST NW TITI F TERRY JONES, SHARON J NAME NAME 6715 NORTHAMPTON PL. STREET ADDRESS STREET ADDRESS BRADENTON, FL CITY-ST-ZIP CITY-ST-7IP **BRADENTON FL 34207** Delete TEAFREY TITLE TITLE SHEDLER, LINDA M NAME NAME AVE . 6308 GGORGIA STREET ADDRESS 2211 41 ST CT W. STREET ADDRESS 3420 9 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34205** Change: ~ Addition TITLE Defete TITLE SCHOLL, JOHN D NAME NAME STREET ADDRESS STREET ADDRESS 5100 BAY STATE RD. CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Change Addition TITLE ☐ Delete TITLE BITTNER, DANIEL R. NAME STREET ADDRESS 1005 91 ST W. STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP ☐ Delete ☐ Change Addition BILODEAU, BUNNY I STREET ADDRESS STREET ADDRESS 1305 HARVARD AVE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34207** ☐ Delete TITLE ☐ Addition TITLE CARTIER, ROBERT NAME NAME

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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

PO BOX 5486 TE

BRADENTON FL 34281

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

E. HOLLAND

Daytime Phone #

CR2E037 (5/00