2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 24, 2000 8:00 am Secretary of State DOCUMENT # 841649 1. Entity Name JOHN PLOTT COMPANY, INC. 01-24-2000 90268 022 ***158.75 Principal Place of Business Mailing Address 2804 RICE MINE RD 2804 RICE MINE RD OB 189 POR 183 TUSCALOOSA AL 35406 TUSCALOOSA AL 35406-1502 2. Principal Place of Business BOX 20183 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 63-0700191 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEAD, MICHAEL WILLIAM Street Address (P.O. Box Number is Not Acceptable) 310 WOODSON STREET FORT WALTON BEACH, FL MH 32548 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. DATE 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 Atter MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F ☐ Change ☐ Addition TITLE Delete PLOTT, JOHN H. NAME NAME #4 OLD NO. RIVER POINTE STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TUSCALOOSA AL Change Addition ☐ Delete TITLE TITLE HINDS, HENRY L. NAME STREET ADDRESS 1709 ST. ANDREWS DRIVE STREET ADDRESS CITY-ST-ZIP TUSCALOOSA AL CITY-ST-ZIP Change Addition ☐ Delete TITLE PLOTT, HUNTER L NAME NAME 5401 TAHOE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TUSCALOOSA AL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADORESS

CITY-ST-ZIP

GNATURE ARD TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRF

☐ Delete

Change

Addition