FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 31, 2000 8:00 am Secretary of State DOCUMENT # F91291 JIW ENTERPRISES, INC. 1. Entity Name 03-31-2000 90093 006 ***150.00 Principal Place of Business Mailing Address 3800 W Hillsborough Ave 3800 W Hillsborough Ave Tampa FL 33614 Tampa FL 33614 929995 2. Principal Place of Business 3. Mailing Address 4636 N. Dale Mabry Hwy 4636 N. Dale Mabry Hwy. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Tampa, Florida Tampa, Florida 59-2387363 Not Applicable Country USA **\$8.75** Additional 33614 33614 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Betts, James R., Eq R. James Robbins, Jr. Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd. Fowler, White Et Al 501 E. Kennedy Blvd Ste 1700 Suite 3700 Tampa FL 33602 City Tampa 8. The above named entity addmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE . (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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPT DPT X Change Addition TITLE ☐ Delete TITLE NAME Wooley, Jeffrey I. NAME Wooley, Jeffrey I STREET ADDRESS 3800 W. Hillsborough Ave STREET ADDRESS 4636 N. Dale Mabry Highway CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33614 Tampa, FL 33614 ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME Tew, DM STREET ADDRESS STREET ADDRESS 3800 W. Hillsborough Ave CITY-ST-ZIP CITY-ST-ZIP Tampa, FL 33614 TITLE ☐ Addition TITLE □ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition 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 D. M. 'Tew 3/14/00 (813) 872-7786

Daytime Phone #

Date

SIGNATURE