2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G23570** May 18, 2000 8:00 am Secretary of State CRF MANAGEMENT CO., INC. 05-18-2000 90359 042 ***158.75 Principal Place of Business Mailing Address 5015 S. FLORIDA AVE. P.O. BOX 5252 LAKELAND FL 33807-5252 SUITE 200 LAKELAND FL 33813 US 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 59-2254019 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCFARLANE, PETER A. ESQ Street Address (P.O. Box Number is Not Acceptable) 5015 S. FLORIDA AVE., 215 4740 CLEVELAND HEIGHTS BLVD. LAKELAND FL 33813 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 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Change ☐ Addition TITLE ☐ Delete TITI F NAME MAXWELL, LAWRENCE W. NAME STREET ADDRESS 5015 S. FLORIDA AVE. #200 STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE MOATS, RAYMOND NAME NAME 5015 S. FLORIDA AVENUE 3200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition Delete TITLE MAXWELL, LAWRENCE T NAME STREET ADDRESS STREET ADDRESS 5015 S. FLORIDA AVE. #200 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FALK, BENJAMIN STREET ADDRESS STREET ADDRESS 5015 S. FLORIDA AVENUE #200 CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL Change Addition ☐ Delete TITLE **BOCHIS, GOERGE J** NAME NAME STREET ADDRESS 5015 S. FLORIDA AVENUE #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKELAND FL Change ☐ Addition TITLE ☐ Delete TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

INTED NAME OF SIGNING OFFICER OR DIRECTOR