FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Jan 30, 2003 8:00 am **Secretary of State** H92808 DOCUMENT # 01-30-2003 90114 004 ***150.00 1. Entity Name BRANCH PROPERTIES, INC. Principal Place of Business Mailing Address 335 NE WATULA AVE 335 NE WATULLA AVE PO BOX 940 PO BOX 940 OCALA FL 34478-0940 OCALA FL 34478-0940 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2619868 Not Applicable Zip Country 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 BRANCH, GREG C. Street Address (P.O. Box Number is Not Acceptable) 335 N.E. NATULA AVE. **OCALA FL 32678** City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/02) Delete ★ Addition TITI F TITLE Change Change JAMES GLISSON BRANCH, O. C. NAME NAME 335 N.E. NATULA AVE. 3818 SE 7TH ST. STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-7IP CITY-ST-7IP OCALA FL VP TITLE DP ☐ Delete TITLE Change Addition BRANCH, GREG C. NAME NAME RICHARD DESIMONE STREET ADDRESS 335 N.E. NATULA AVE. STREET ADDRESS 30 NEVERBEND RD CITY-ST-7IP CITY-ST-ZIP OCALA FL OCALA, FL TITLE Delete TITLE VP/S/T Change Change ☐ Addition NAME ALLEN, GREGORY S = -NAME GREGORY S: ALLEN STREET ADDRESS 335 N.E. NATULA AVE. STREET ADDRESS 2523 SE 30TH PL CITY-ST-ZIP CITY-ST-ZIP OCALA FL OCALA FL 34471 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 trusted empowered to execute this report as required by Chapter 607, 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.

352-629-2150 x128