FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P0000037801 1. Entity Name G. GAY LEGE, P.A. 4-12-2001 90180 010 ***150.00 Principal Place of Business Mailing Address 15 BEACH DR. E.- GULF PINES 15 BEACH DR. E.- GULF PINES DESTIN FL - 32541 32570 DESTIN FL 32541 32550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 59-3643113 Not Applicable Zip 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 Landreth, G. Gay LEGE, G. GAY Street Address (P.O. Box Number is Not Acceptable) 1751 SCENIC HWY. 98 DESTIN FL 32541 32550 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITI F X Change TITLE LEGE, G. GAY Landreth G. Gay NAME NAME 15 BEACH DR. E.- GULF PINES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 32550 Delete Change V/S/T Addition TITLE TITLE NAME Landreth, Jeffrey A. 15 Beach Drive E-Gulf Pines NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Destin, FL 32541 32550 ☐ Change Addition TITLE __ Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete □ Change ☐ Addition NAME 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.

SIGNATURE: Lay 1

Say Light Town As BRIEFED NAME OF STANING OFFICER

G. Gay Landreth, President

Date Day Jandust 2

CR2E034 (10/00)