2003 FOR PROFIT CORPORATION

FILED Apr 14, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR**) DOCUMENT # P02000132756 04-14-2003 90353 012 ***150.00 1. Entity Name ANKON INC. Principal Place of Business Mailing Address 10849 FOREST RUN DRIVE 10849 FOREST RUN DRIVE **BRADENTON FL 34211 BRADENTON FL 34211** 2. Principal Place of Business 3. Mailing Address 1970 E. OSCEOLA PARINA 19 70 E OSCEOU Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite # SUITE City & State City & State 4. FEI Number Applied For R CISSIMM EE 75-3095452 (ISSIMMEE Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ROBERT GREGORY AMERICAN PIONEERS ADVISORY INC. Street Address (P.O. Box Number is Not Acceptable) STILLWATER 10849 FOREST RUN DRIVE 3021 **BRADENTON FL 34211** Zip Code KISSIMMEE 34743 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. K. CRELORY SIGNATURE (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. TITLE" ☐ Delete TITLE ☐ Addition NAME BENNETT, GARY NAME STREET ADDRESS STREET ADDRESS 10849 FOREST RUN DRIVE CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34211** TITLE * Delete TITLE Change ☐ Addition GREGORY ROBBET C 3021 STILL WATER DAINE NAME NAME GREGORY, ROBERT C STREET ADDRESS STREET ADDRESS 10849 FOREST RUN DRIVE CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34211 KISSIMMER ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP