2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 19, 2001 8:00 am Secretary of State DOCUMENT # P95000091113 JACK A. LAWRENCE & COMPANY, INC. 02-19-2001 90259 049 ***150.00 Principal Place of Business Mailing Address 2387 WEST BAYSHORE RD P.O. BOX 6452 GULF BREEZE FL 32561 GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3358764 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAWRENCE, JACK A Street Address (P.O. Box Number is Not Acceptable) 2387 WEST BAYSHORE RD **GULF BREEZE FL 32561** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Bé After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAWRENCE, JACK A NAME NAME 2387 WEST BAYSHORE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL** ☐ Addition Change TITLE ☐ Delete TITLE HARTMAN, TERRY NAME NAME 2376 OSPREY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change ☐ Addition TITI F . Delete TITLE WOODLE, SHIRLEY NAMÉ NAME STREET ADDRESS 3253 STANFORD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GULF BREEZE FL 32561 Change ☐ Addition ☐ Delete TITLE TITLE Johnson, John NAME NAME STREET ADDRESS 207 RODNEY AVE STREET ADDRESS CITY-ST-ZIP FT WALTON BEACH FL 32548 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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.

7-16-01

FILED