2000 UNIFORM BUSINESS REPORT (UBR) 6/ FILED DOCUMENT # P96000 36888 Jul 21, 2000 8:00 am Secretary of State WASCO, INC. 07-21-2000 90149 024 ***400.00 06-22-2000 90049 029 ***150.00 Principal Place of Business Mailing Address 7021 N. SR 21 P.O. Box 1175 Keystone Heights, FL. Meirose, FL. 32066 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-340102 Not Applicable Country Zip Country \$8,75 Additional Ζiρ 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Middleton John D. Street Address (P.O. Box Number is Not Acceptable) 303 State Road 26 McIrose, FL. 32666 City 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 DATE FILE NOWI] FEE IS \$180.00 C After MAY 1 2000 Fee will be \$550.00 Make Check Payable to Department of State 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME wasik David H PO BOX 1175 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Melrose, TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME Wasik, Gay E PO Box 1175 NA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - - Change - - Addition TITLE ☐ Delete NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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.

SIGNATURE:

CUTSOLD GAY E WASIK

6-19-00 (352) 473 -9203

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2. Principal Place of Business		3. Mailing Address P.O. Box 1175										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			• •	DO NOT WRITE IN	N THIS SP	ACE				
City & State			City & State		4.	FEI Number	59-3401028		- 1	pplied For]	
Zip		Country	Metrose,	Cour		5.	Certificate of	Status Desired I		8:75-Add		-
	6. Name	and Address of Current R	egistered Agent	US	5A 	<u>_</u>		ddress of New Regis		ent	d	1
MID	DI ETON				Name							
MIDDLETON, JOHN D 303 State Road 26			Street A	Street Address (P.O. Box Number is Not Acceptable)								
MEL	ROSE FL	32666										1
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8. The above	named entit	y submits this statement for t	the purpose of changing its	register	ed office or	registered ag	gent, or both,	in the State of Florida				
SIGNATURE .	Signature, typed	or printed name of registered agent an	d title if applicable. (NOTE	: Registere	ed Agent signatu	re required when r	einstating)	· ·	DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE I After SEPTEMBER 13, 2000 Make Check Payable to De		Min. will l	be \$750.00	.1	on Campaign Financ Fund Contribution.	ing 🗆		May Be I to Fees		
11.		OFFICERS AND D		12.		ΑC	DDITIONS/CF	IANGES TO OFFICE	RS AND D	IRECTORS		١.
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CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SINJULICATION OF SIGNING OFFICER OR DIRECTOR