2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM P97000038758 DOCUMENT# 1. Entity Name **Secretary of State** SUDDATH ASSET MANAGEMENT, INC. Principal Place of Business Mailing Address 815 S MAIN ST 815 S MAIN ST JACKSONVILLE FL JACKSONVILLE FL32207 32207 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 59-3447718 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE ROBERT 815 S MAIN ST Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL32207 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 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 coo TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME VALIGHN BARRY NAME STREET ADDRESS 815 S MAIN ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP P ☐ Delete TITLE X Change ☐ Addition NAME SPINNEY JAMES NAME BARNETT JAMES \mathbf{G} STREET ADDRESS 815 S MAIN ST 815 S MAIN ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP JACKSONVILLE FL32207 Delete TITLE ☐ Addition A. QUINN BELL NAME STREET ADDRESS 815 S MAIN ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE 32207 CITY-ST-ZIP ☐ Delete TITLE Change Change Addition STRICKLAND BARBARA NAME STREET ADDRESS 815 S MAIN ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE 32207 CITY-ST-ZIP TITLE VTD Delete TITLE ☐ Change ☐ Addition PRICE ROBERT NAME STREET ADDRESS 815 S MAIN ST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE 32207 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition SUDDATH STEPHEN NAME SUDDATH STEPHEN STREET ADDRESS 815 S MAIN ST STREET ADDRESS 815 S MAIN ST CITY-ST-ZIP JACKSONVILLE 32207 CITY-ST-ZIP JACKSONVILLE 32207 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: ROBERT J. PRICE VTD 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #