FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P98000096136 1. Entity Name GERALD E PEPPER AUCTIONEERS, INC. 04-18-2001 90023 047 ***150.00 Principal Place of Business Mailing Address 128 E. CAMP ST. P O BOX 1715 LAKE CITY FL 32025 LAKE CITY FL 32056 948604 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 59-3552714 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DECKER, ANDREW J III Street Address (P.O. Box Number is Not Acceptable) 320 WHITE AVE LIVE OAK FL 32060 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 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. ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME PEPPER, GERALD E NAME STREET ADDRESS STREET ADDRESS P O BOX 1715 N/A CITY-ST-ZIP CITY-ST-ZiP LAKE CITY FL 32056 ☐ Addition Change ☐ Delete TITLE TITLE NAME WRIGHT, MARTHA J NAME STREET ADDRESS STREET ADDRESS P O BOX 1715 N/A CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32056 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE 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 ☐ Change TITLE ☐ Addition 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.

SIGNATURE SIGNATURE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/11/01

386/961-9852

Daytime Phone #