2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Feb 08, 2000 8:00 am **DOCUMENT # 008532 Secretary of State** 1. Entity Name RUNYAN MACHINE & BOILER WORKS, INC. 02-08-2000 90143 009 ***150.00 Principal Place of Business Mailing Address P.O. BOX 12109 P.O. BOX 12109 PENSACOLA FLORIDA 32590-2109 PENSACOLA FLORIDA 32590 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-0430590 أرائيت البريا Applicate \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BELL, RANDALL R. JR. Street Address (P.O. Box Number is Not Acceptable) 530 SOUTH "C" ST. PENSACOLA FL 32501 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. Change TITLE ☐ Delete TITLE NAME NAME BELL, RANDALL R. J STREET ADDRESS STREET ADDRESS 9600 PINE CONE DR. CITY-ST-ZIP CITY-ST-ZIP CANTONMENT FL ☐ Change STD ☐ Delete TITLE TITLE NAME BAGGETT, HENRY F. NAME STREET ADDRESS STREET ADDRESS 5640 TRAFALGAR DR. CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change Addition TITLE NAME NAME BELL, RANDALL R. III STREET ADDRESS STREET ADDRESS 4135 BAISDEN RD. CITY-ST-7IP CITY-ST-ZIP PENSACOLA FL A 3 3020 -Change TITLE TITLE ☐ Delete MITCHEM, W. SPENCER NAME NAME STREET ADDRESS STREET ADDRESS 3 WEST GARDEN ST., SUITE 600 CITY-ST-ZIP CITY-ST-ZiP PENSACOLA FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAMÉ 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