2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 145009 May 01, 2000 8:00 am Secretary of State 1. Entity Name FINFROCK INDUSTRIES, INC. 05-01-2000 90044 014 ***150.00 Mailing Address Principal Place of Business 2542 APOPKA BLVD, APOPKA, FL 32703 2542 APOPKA BLVD. APOPKA. FL 32703 P O BOX 607754 P O BOX 607754 ORLANDO FLA 32860-7754 ORLANDO FL 32860 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0538823 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINFROCK, ROBERT D. JR. Street Address (P.O. Box Number is Not Acceptable) 671 WILLIAMS DRIVE WINTER PARK FL 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 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 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete FINFROCK ROBERT D. JR. NAME NAME STREET ADDRESS 671 WILLIAMS DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL Change ☐ Addition Delete TITLE TITLE FINROCK, ALLEN R NAME 2400 APOPKA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE FINROCK, WILLIAM A NAME 2400 APOPKA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE Doan. Debra NAME NAME STREET ADDRESS 2400 APOPKA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP APOPKA FL 32703 ☐ Delete ☐ Change ☐ Addition TITLE TITLE FINROCK, DANIEL J NAME NAME 2400 APOPKA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP APOPKA FL 32703 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

COMMUNE SELDON DEBRA K. DOAN 4/31/00

1/31/00 407-293-408