FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 18, 2001 8:00 am Secretary of State **DOCUMENT # 222533** 1. Entity Name GROWERS HARDWARE CO. 05-18-2001 91596 030 ***150 00 Principal Place of Business Mailing Address 909 5TH ST. W. 909 5TH ST. W. PALMETTO, FL 34221-5019 PALMETTO, FL 34221 552371 911 Principal Place of Business 3.9Majling Address W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0865260 PALMETTO, PALMETTO, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34221 USA 34221 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MANSON, JEAN Street Address (P.O. Box Number is Not Acceptable) 2118 6TH ST. W. PALMETTO, FL 34221 Zip Code City 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 After MAY 1, 2001 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 CR2E034 (11/00) Addition ☐ Change ☐ Delete TITLE MANSON, JEAN NAME NAME 2118 6TH'ST. W. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL Change ☐ Addition Delete TITLE TITLE NAME BRIDGMAN, DWAYNE NAME STREET ADDRESS STREET ADDRESS 716 MANATEE AVE. CITY-ST-ZIP CITY-ST-ZIP ELLENTON, FL 34222 - Change Addition ☐ Delete NAME NAME MANSON, JEAN STREET ADDRESS STREET ADDRESS 2118-6TH ST. W. CITY-ST-ZIP CITY-ST-ZIP PALMETTO, FL Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

☐ Delete

Nons SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

12NSON 5-1-01

☐ Change

☐ Addition