2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # 222627 1. Entity Name EXHIBIT BUILDERS, INC. 04-21-2000 90150 050 ***158.75 Principal Place of Business Mailing Address 150 WILDWOOD RD. 150 WILDWOOD RD. DELAND FL 32720 8020 DELAND FL 32720-1620 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-0865203 Not Applicable Country -- . Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired ΧX 32720-1620 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORFORD, PENNY D Street Address (P.O. Box Number is Not Acceptable) 150 WILDWOOD RD DELAND FL 32720 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 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 11. 12. PDST X Change Addition Delete TITLE TITLE MORFORD, PENNY D NAME 255 VALENCIA CT STREET ADDRESS 14 Autumnwood Trail STREET ADDRESS DELAND, FL 00000 CITY-ST-ZIP CITY-ST-ZIP DeLand, FL 32724 TITLE Change Addition □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR WINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

Penny DIMOREORD/PRESIDENT 4-14-00 904-734-3196

D.

Daytime Phone #