2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with, an address, with a

SIGNATURE:

other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. A. COCKE

352/854-5915

FILED DOCUMENT # 234689 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name ROWE & NEWBERRY, INC. 04-03-2000 90177 021 ***158.75 Principal Place of Business Mailing Address P.O. BOX 3748 10832 SW 91RST AVENUE OCALA FL 34478-3748 OCALA FL 34481 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0899652 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COCKE, W. A. Street Address (P.O. Box Number is Not Acceptable) 2728 20TH AVE NO ST PETERSBURG FL 33713 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 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 Tax filing requirement and elects to do so: After MAY 1, 2000 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 Addition ☐ Change TITLE ☐ Delete TITLE COCKE, W.A. NAME NAME 10832 SW 91RST AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP OCALA FL VST ☐ Change ☐ Addition ☐ Delete TITLE TITLE ZUMWALT, JAMES M, JR NAME STREET ADDRESS 315 6TH AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN RCK BCH, FL 00000 Addition ☐ Change ☐ Defete TITLE ROWE, GEORGE F NAME NAME 10200 S.W. 69TH CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Change Addition TITLE ☐ Delete TITLE ZUMWALT, JAMES M, JR NAME 315 6TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP INDIAN RCK BCH, FL 00000 ☐ Delete TITLE ☐ Change Addition TITLE **BULLINGTON, WILLIE J** NAME NAME 4900 QUEEN PALM TERR NE STREET ADDRESS STREET ADDRESS CITY~ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33703 ☐ Change X[X] Addition ☐ Delete TITLE TITLE SAPP, JERRY A. NAME NAME 2731 S.W. 36th DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP 34474 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 precute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if