2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # 247716** 1. Entity Name MORMEN REALTY & DEVELOPMENT CORPORATION 03-27-2001 90026 042 ***150.00 Principal Place of Business Mailing Address 327 SO. M. L. KING BLVD. 327 SO. M. L. KING BLVD. P.O. BOX 1873 P.O. BOX 1873 DAYTONA BEACH FL 32115 DAYTONA BEACH FL 32115 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 59-1158480 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHERRY, CHARLES W. Street Address (P.O. Box Number is Not Acceptable) 623 ORANGE AVE DAYTONA BEACH FL 32114 Zip Code 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) DATE 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME CHERRY, CHARLES W NAME STREET ADDRESS STREET ADDRESS 623 ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 Change ☐ Addition ☐ Delete TITLE CHERRY, CHARLES W II NAME NAME STREET ADDRESS STREET ADDRESS 623 ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 Change ☐ Addition TITLE ☐ Delete TITLE NAME -NAME 🧵 🐃 CHERRY, GLENN W STREET ADDRESS STREET ADDRESS 623 ORANGE AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BCH, FL 00000 Change ☐ Addition TITLE ☐ Detete TITLE NAME 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 ☐ Change ☐ Addition Delete TITLE 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 of the redeiver 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

Charles W. Cherry

YURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01

386/258-1889

Date

Daytime Phone #