FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 24, 2003 8:00 am Secretary of State 248096 DOCUMENT # 04-24-2003 90186 026 ***150.00 1. Entity Name FRETWELL BROS., INC. Principal Place of Business Mailing Address 752 WHITE ST 752 WHITE ST DAYTONA BEACH FL 32114-1738 DAYTONA BEACH FL 32114-1738 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-0938165 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRETWELL, CHARLES R. Street Address (P.O. Box Number is Not Acceptable) 752 WHITE ST DAYTONA BEACH FL 32114 City 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. I am familiar with, and accept the obligations SIGNATURE SIA (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE Change ☐ Addition NAME FRETWELL, CHARLES R NAME STREET ADDRESS STREET ADDRESS 752 WHITE STREET CITY-ST-7IP CITY-ST-ZIP DAYTONA BEACH FL TITLE ☐ Delete TITLE Change Addition NAME FRETWELL, PHYLLIS A NAME STREET ADDRESS STREET ADDRESS 2076 PENN. DRIVE CITY - ST - ZIP CITY-ST-ZIP **DELAND FL** TITLE ☐ Delete TITLE ☐ Change ☐ Addition **VD** NAME NAME .. . FRETWELL, NONA T STREET ADDRESS STREET ADDRESS **46 BRYAN CAVE RD** CITY-ST-ZIP CITY-ST-ZIP S. DAYTONA FL 32119 Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 10 or Block 11 if

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