2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # 249214** 1. Entity Name CARLTON BROS, INC 02-15-2000 90035 037 ***150.00 Mailing Address Principal Place of Business C/O CARLONT, HELEN B C/O CARLTON. HELEN B 603 W. TEVER ST W. TEVER ST PLANT CITY FL 33566-2429 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address /o Carlton, Helen B Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. C3 W. Tever St. Applied For City & State City & State 4. FEI Number 59-0929400 Not Applicable lant City, Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33566 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLTON, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 202 E KNIGHTS GRIFFIN RD PLANT CITY FL 33565 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. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE CARLTON, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 202 E. KNIGHTS GRIFFIN RD CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33565 ☐ Change Addition TIT! F ☐ Delete TITLE ANDERS, PAMELA C NAME NAME STREET ADDRESS 585 ALLEN DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **MERRITT ISLAND FL 32952** Addition Change ☐ Delete TITLE STD Carlton, Helen B 603 W. Tever St. CARLTON, HELEN B NAME NAME 603-W-TEVER ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY, FL 00000 Plant City, FL 33566 ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

Helen-B.

Carlton, Sec.-Treas