2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 13, 2001 8:00 am Secretary of State **DOCUMENT # 262209** 1. Entity Name KIRBY DEVELOPMENT CO 01-13-2001 90009 016 ***150.00 Principal Place of Business Mailing Address 138C W BAYA AVE 1380 W BAYA AVE P.O. BOX 567 P.O. BOX 567 D0002885 LAKE CITY FL 32055 LAKE CITY FL 32055 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 59-1025149 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIRBY LAURIE Street Address (P.O. Box Number is Not Acceptable) 240 PALM CIRCLE LAKE CITY FL 32055 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Addition TITLE ☐ Change Delete TITLE Kirby, Laurie KIRBY, LAURIE 240 Palm Circle STREET ADDRESS 240 PALM CIRCLE STREET ADDRESS CITY-ST-7IP Lake City, FL 32055 CITY-ST-ZIP LAKE CITY FL 32055 Addition ☐ Change TITLE ☐ Delete NAME Kirby, Garland KIRBY LOIS STREET ADDRESS 204 Brady Circle STREET ADDRESS 240 PALM CIRCLE CITY-ST-7IP Lake City, FL 32055 CITY-ST-ZIP LAKE CITY FL 32055 Addition ☐ Change S/T/D ☐ Delete TITLE TITLE Kirby, Fletcher NAME STREET ADDRESS Angela Street Lake City, FL STREET ADDRESS 32024 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

President, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-08-2001

904-752-4606