FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State 276935 DOCUMENT # 1. Entity Name 05-01-2002 91466 003 ***150.00 TAMPA PRINTING COMPANY Mailing Address Principal Place of Business 4501 E. COLUMBUS DRIVE 040400 4501 F. COLUMBUS DRIVE TAMPA FL 33605 TAMPA FL 33605 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1030534 Not Applicable Country \$8.75 Additional Zio 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 Name BITTMANN, F. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 4501 E. COLUMBUS DRIVE TAMPA FL 33605 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 (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, 2002 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 11. ☐ Addition ☐ Change TITLE Delete TITLE BITTMANN, F. MICHAEL NAME NAME STREET ADDRESS 508 WHITHALL ST. STREET ADDRESS CITY-ST-ZIP PLANT CITY FL CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE Jeannie K. Kidd 5422 Southbrook Dr NAME TOMLINSON, BARBARA NAME STREET ADDRESS STREET ADDRESS 1706 HAPPY ACRES LANE LAKeland FE 338:1-1-CITY-ST-ZIP ČITY-ST-ZIP VALRICO, FL 00000 ☐ Addition ☐ Change TITLE We are deleting Barbara Tomlinson NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition TITLE as Secretary. New Secretary is Now Jeannie K. Kidd NAME STREET ADDRESS CITY-ST-ZIP ☐ Change Addition NAME STREET ADDRESS CITY-ST-ZIP Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information indicated on this report or suppler of the corporation or the receiver changed, or on an attachment wit

SIGNATURE:

H116/2002 813-612-7746

Date Daytime Phone #