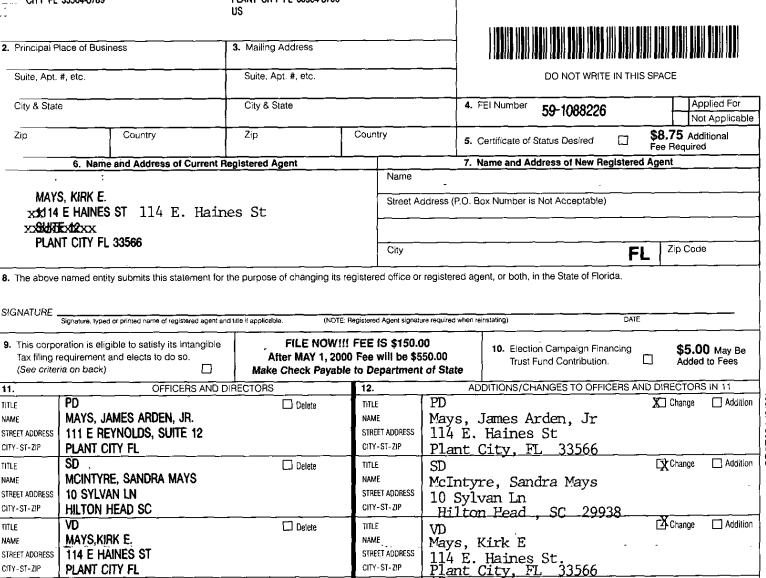
2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 277083** MAYS BUILDING OF PLANT CITY, INC. Mailing Address Principal Place of Business PO BOX 789 ROX 789 PLANT CITY FL 33564-0789 "" CITY FL 33564-0789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Country 6. Name and Address of Current Registered Agent Name MAYS, KIRK E. xx114 E HAINES ST 114 E. Haines St

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90040 040 ***150 00



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.

City

PD

VD

Mays, Kirk E

114 E. Haines St

Plant City, FL

_33566

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

PLANT CITY FL 33566

9. This corporation is eligible to satisfy its intangible

MAYS, JAMES ARDEN, JR.

111 E REYNOLDS, SUITE 12

MCINTYRE, SANDRA MAYS

Tax filing requirement and elects to do so.

PLANT CITY FL

10 SYLVAN LN

MAYS, KIRK E.

PLANT CITY FL

MAYS, KIRK E

PLANT CITY FL

114 E HAINES ST

HILTON HEAD SC

114 E HAINES ST

SD

AS

(See criteria on back)

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

Change Change

☐ Change

☐ Change

☐ Addition

☐ Addition

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