2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # 3/6394 Apr 25, 2001 8:00 am Secretary of State 04-25-2001 90153 017 ***150.00 THE MC GEHEE CORPORATION 305 WAVERLY CIR 305 WAVERLYCIR DAYTONA BCH, FL DAYTONA BCH. FL Y##170003 2. Principal Place of Business 3. Mailing Address E 4 4 2 LILY PHU LA Suite, Apt. #, etc. 17 FORE DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-1*559*95 FALLS CHURCH VA SMYRNA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 125 Fee Required 7. Name and Address of New Registered Agent FRANCES SMITH B, MCGEHEE BAYTONA, BEH FL Street Address (P.O. Box Number is Not Acceptable) FORE 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE. Registered Agent signature required when reinstating) name of postered and an armity as the 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition CR2E034 (11/00 TITLE TITLE Delete SMITH, RUSSELL 3/5 N. CAUCEWAY 5MITH FRANCES M 305WHVEKLY CIR DAYTONA OCH FL NAME NAME STREET ADDRESS STREET ADDRESS NEWSMYRNA BCH.FL32168 CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE COWAH, ELIZABETH M 1899 E COUNTRY CLUB BL. BOCA RHIDM, FLJ3487 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE MEGEHEE JOHN M. NAME STREET ADDRESS STREET ADDRESS PORT CHARLOTTE, FL 33954 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE MSGEHEE, J.B. NAME NAME 17 FORE DE STREET ADDRESS STREET ADDRESS NEW SMYRNA, FL 32/68 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE CATES, MILDRE) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Channe ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 his 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 the empowered. SIGNATURE: OR DIRECTOR