2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 323081 Jul 17, 2000 8:00 am Secretary of State 1. Entity Name YARBROUGH CORPORATION 07-17-2000 90007 013 ***550.00 Mailing Address Principal Place of Business 8375 DIX ELLIS TRAIL 8375 DIX ELLIS TRAIL SUITE 105 SUITE 105 JACKSONVILLE FL 32256-5233 JACKSONVILLE FL 32256-5233 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1200072 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YARBROUGH, E. ED Street Address (P.O. Box Number is Not Acceptable) RT. 1 BOX 420 SANDERSON FL 32087 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITI F TITLE Delete YARBROUGH, E ED NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 420 CITY-ST-ZIP CITY-ST-ZIP SANDERSON, FL 00000 Change ☐ Addition Delete TITLE TITLE YARBROUGH, H. FAYE NAME NAME RT. 1 BOX 420 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANDERSON FL Change ☐ Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

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7-10- 2000 904