2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 348093** Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** R.W. GRAVES, INC. 01-18-2000 90189 003 ***150.00 Mailing Address Principal Place of Business 7 STARFISH DRIVE 7 STARFISH DRIVE VERO BEACH FL 32960-5232 VERO BEACH FL 32960 au0688 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 59-1266447 Not Applicable Country \$8.75 Additional 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 SEXTON, ELEANOR G. Street Address (P.O. Box Number is Not Acceptable) 7 STARFISH DR VERO BEACH FL 32960 Zip Code 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE HAMNER, ANN G. NAME NAME 650 HWY A-1-A. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change □ Addition TITLE ☐ Delete HAMNER, GEORGE F JR NAME NAME STREET ADDRESS 995 SANDFLY LANE STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 00000 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F SEXTON, ELEANOR G. NAME NAME 7 STARFISH DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL Change ☐ Addition ☐ Delete TITLE SEXTON, CHARLES R., JR. NAME NAME 4650 S.W. 17TH STREET STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-7/P CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

Pres. 1-10-2000 56+562-157