2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 02, 2003 8:00 am **Secretary of State** DOCUMENT # 386346 05-02-2003 90228 021 ***150.00 1. Entity Name WOOLEY'S IGA, INC. Principal Place of Business Mailing Address T1034829 111 PARSHLEY ST. 111 PARSHLEY ST. P.O. BOX 936 P.O. BOX 936 LIVE OAK FL 32060 LIVE OAK FL 32060 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-1363560 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOOLEY, JOHN G Street Address (P.O. Box Number is Not Acceptable) **407 SOUTH OHIO AVENUE** P.O. BOX 936 LIVE OAK FL 32060 Zip Code City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Seunifer L. Wooley Addition TITLE ☐ Delete 408 & Ohio Avc. NAME HUTCHINGS, PATRICIA M NAME STREET ADDRESS 111 PARSHLEY ST STREET ADDRESS Live OAK FlA. CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL ☐ Delete ☐ Change ■ Addition TITLE TITLE VDS NAME WOOLEY, MARGARET T STREET ADDRESS STREET ADDRESS 407 SOUTH OHIO AVENUE CITY-ST-ZIP City-St-ZiP LIVE OAK FL 32060 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME WOOLEY, JOHN G STREET ADDRESS STREET ADDRESS 407 S OHIO AVE CITY-ST-ZIP CITY-ST-ZIP LIVE OAK FL 32060 ☐ Addition TITLE Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #

FILED