2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 401940** 1. Entity Name CARSE OIL COMPANY, INC. 04-24-2001 90238 001 ***150.00 Principal Place of Business Mailing Address 1700 S BUMBY AVE 1700 S BUMBY AVE 60034400 ORLANDO FL 32806 ORLANDO FL 32806 US US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1400036 Not Applicable Country \$8.75 Additional Żip* 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 CARSE, WAYNE L Street Address (P.O. Box Number is Not Acceptable) 1700 S BUMBY AVENUE ORLANDO FL 32806 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. Registered Wayne L. Carse, Agent April 17, 2001 (NOTE: Registered Agent signature required when reinstating) and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD TITLE Change Defete TITLE CARSE.WAYNE L NAME NAME 1025 SWEETBRIAR ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change STD TITLE ☐ Delete TITLE CARSE, JIMMIE L NAME NAME STREET ADDRESS STREET ADDRESS 1025 SWEET BRIAR ROAD CITY-ST-ZIP --CITY-ST-ZIP -ORLANDO FL ☐ Addition ☐ Change TITLE Delete TITLE MCINVALE, W. KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 1700 SOUTH BUMBY AVE. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition Delete TITLE TITI F

NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wayne L. Carse

President

407-898-9494