2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment of the an address, with all other like empowered

SIGNATURE:

FILED May 18, 2001 8:00 am Secretary of State **DOCUMENT # 420386** 05-18-2001 91598 021 ***150.00 A.I.M.-CO., INC. Principal Place of Business Mailing Address 2220 CORPORATE SQ. BLVD (ZIP 32216) 2220 CORPORATE SQ. BLVD (ZIP 32216) P.O. BOX 8482 (32239) P.O. BOX 8482 (32239) 552530 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1445817 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name' DAVENPORT, RICHARD G. Street Address (P.O. Box Number is Not Acceptable) 11757 LINKS CT. JACKSONVILLE FL 32225 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12 CHZE034 (10/00) ☐ Addition Change ☐ Delete TITLE TITLE MURRAY, BRENDA K NAME NAME 11746 SPARKLEBERRY LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change Addition TITLE ☐ Delete TITLE DAVENPORT, RICHARD G. NAME NAME 11757 LINKS CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE JACKSONVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE MURRAY, BRENDA K. NAME NAME ---STREET ADDRESS 11746 SPARKLEBERRY LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

OR DIRECTOR