FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2002 8:00 am Secretary of State **DOCUMENT #** 453695 1. Entity Name 02-26-2002 90133 039 ***150.00 AYRES, CLUSTER, CURRY, MCCALL, COLLINS & FULLER, P.A. Principal Place of Business Mailing Address 21 NE FIRST AVE P O BOX 1148 B0032062 OCALA FL 34470 OCALA FL 34478 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1570154 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURRY, LANDIS V. JR. Street Address (P.O. Box Number is Not Acceptable) 21 NORTHEAST FIRST AVENUE OCALA FL 34470 City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD VD☐ Delete TITLE ☐ Addition NAME CLUSTER, EDWIN C. NAME STREET ADDRESS 21 N.E. 1ST AVE. STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME CURRY, LANDIS V JR NAME STREET ADDRESS 21 N.E. 1ST AVE. STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIF $\varphi_{\mathcal{D}}$ TD ☐ Delete TITLE Change Addition MCCALL, WAYNE C. NAME STREET ADORESS 21 N.E. 1ST AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME FULLER, JOHN B NAME STREET ADDRESS 21 N.E. 1ST AVE. . STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME COLLINS, JAMES E. STREET ADDRESS 21 N.E. 1ST AVE. STREET ADDRESS CITY-ST-ZIP OCALA FL CITY-ST-ZIP TITLE .Delete TITLE ☐ Change Addition NAME SAUEY, JEFFREY L NAME STREET ADDRESS 21 NE 1ST AVE STREET ADDRESS CITY-ST-7IP OCALA FL 34470 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: