2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 470170 Apr 10, 2000 8:00 am Secretary of State WILLIS BUILDERS, INC. 04-10-2000 90100 036 ***150.00 Mailing Address Principal Place of Business 1611 CENTERVILLE ROAD 1611 CENTERVILLE ROAD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-4721 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 59-1635540 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WILLIS, FRANK E. III Street Address (P.O. Box Number is Not Acceptable) 1611 CENTERVILLE ROAD TALLAHASSEE FL 32308 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PD TITLE Change ☐ Addition TITLE ☐ Delete WILLIS, FRANK, E., III NAME NAME STREET ADDRESS 1611 CENTERVILLE ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE TROTMAN, CAROLE WILLIS NAME NAME 1611 CENTERVILLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TSD Change ☐ Addition VTSD ☐ Delete TITLE REBECCA WILLIS STALLWORTH PHINNEY, REBECCA WILLIS NAME 115 E MERIDIANNA DR STREET ADDRESS 1497 GOODWOOD COURT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308 ☐ Addition Change ☐ Detete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

CITY-ST-ZIP

i Willis Stallmord