2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 474228 Mar 30, 2000 8:00 am 1. Entity Name **Secretary of State** LINDSAY, ANDREWS, LEONARD & SLINGERLAND, P.A. 03-30-2000 90040 028 ***150.00 Principal Place of Business Mailing Address 124-126 WILLING STREET SOUTHEAST 124-126 WILLING STREET SOUTHEAST MILTON FL 32570 MILTON FL 32570 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. FELNumber 59-1593660 Not Applicable Zip 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 Name LINDSAY JR.ALLEN W. Street Address (P.O. Box Number is Not Acceptable) 124 WILLING ST., S.E. MILTON FL 32570 Zip Code City 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 (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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE NAME LINDSAY, ALLEN W.JR. STREET ADDRESS STREET ADDRESS 124 WILLING ST., S.E. CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Delete TITLE Change ☐ Addition TITI F ANDREWS, ROY V. NAME NAME STREET ADDRESS STREET ADDRESS 124 WILLING ST., S.E. CITY-ST-7IP CITY-ST-ZIP **MILTON FL** ☐ Addition Change TITI F TITLE ☐ Delete LEONARD, T.A. JR. NAME NAME STREET ADDRESS STREET ADDRESS 124 WILLING ST., S.E. CITY-ST-ZIP CITY-ST-ZIP MILTON FL ☐ Addition ☐ Change ☐ Defete TITLE SLINGERLAND, J.JEFFERY NAME NAME STREET ADDRESS STREET ADDRESS 124 WILLING ST. SE CITY-ST-ZIP CITY-ST-ZIP MILTON FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. JEFFERY SLINGERLAND

850-623-3200

Daytime Phone #