2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 24, 2002 8:00 am 8 Secretary of State 484377 DOCUMENT # 1. Entity Name SUNSHINE TRUE VALUE HARDWARE, INC. MILTON ENTERPRISES, INC. Mailing Address Principal Place of Business PO BOX 529 2732 SO. FIRST ST. LAKE CITY-FL 32056 LAKE CITY FL 32056-7529 3. Mailing Address 2. Principal Place of Business 1420 SW MAIN BLVD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1621811 Not Applicable LAKE CITY, FL \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 32025 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NORRIS, JOHN E Street Address (P.O. Box Number is Not Acceptable) 201 N. MARION STREET SUITE 301 Zip Code LAKE CITY FL 32055 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition ☐ Delete TITLE TITI F NAME MILTON, A C NAME 2732 SO. FIRST ST. STREET ADDRESS 1420 SW MAIN BLVD STREET ADDRESS CITY-ST-ZIP LAKE CITY FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME MILTON, MEARL STREET ADDRESS 1420 SW MAIN BLVD 2732 SO. FIRST ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME MILTON, A.C. J STREET ADDRESS 1420 SW MAIN BLVD STREET ADDRESS 2732 SO FIRST ST CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition □ Delete TITLE TITLE 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 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 dustee sinpowered 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 ampowered.

-5-7-02