DOCUMENT # 489003 1. Entity Name PRUETT AND ASSOCIATES, INC.								FILED Jan 08, 2001 8:00 am Secretary of State					
Principal Place 303 LINCOLN A P.O. BOX 246 ORMOND BEAC	VENUE		Mailing Address PO BOX 246 ORMOND BEACH FL 32175 US				01-08-2001 90039 005 ***150.00						
2. Principal P		ness	3. Mailing Address										
Suite, Apt.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	e 		City & State			4.	4. FEI Number 59-1646814 Applied For Not Applicable						
Zip Country			Zip	try	5. Certificate of Status Desired See Required								
	6. Name	and Address of Current R	egistered Agent Name			7.	7. Name and Address of New Registered Agent						
129	ett, otis ' Seminole Iond Beac		Street A			dress (P.O.	ess (P.O. Box Number is Not Acceptable)						
					City		- "		FL	Zip Cod	e		
8. The above		y submits this statement for or printed name of registered agent an						oth, in the State of Flori	da.				
Tax filing r	oration is elig	ible to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			0	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees						
11.	P	OFFICERS AND D	DIRECTORS Delete	12.		Α	DDITIONS	/CHANGES TO OFFIC		ECTOR: Change	S IN 11		
NAME STREET ADDRESS CITY-ST-ZIP		OTIS W JR NOLE AVE BCH FL	Li Delete	NAM STRE					٥	diango		CR2E034 (10/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		JULIE A. NOLE AENUE BEACH FL	☐ Delete							Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP			Delete —		1					Change_	Addition_		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Ö	Change	Addition		
TITLE NAME STREET ADDRESS CITY-SY-ZIP			☐ Delete		l					Change	☐ Addition		
indicated of the cor	on this repo poration or t	e information supplied with t rt or supplemental report is t he receiver or trustee empov chinent with an address, wi	rue and accurate and that r vered to execute this report	ny signa as requi	ture shall har red by Chap Pr e	ve the same oter 607, Flo SIDEN T	e legal effe orida Statuti -	ct as if made under oa es; and that my name	th; that I am ar appears in Blo 9 0	n officer	or director		
SIGNAT	URE	SIGNATURE AND OPED OF PR	INTED NAME OF SIGNING OFFICER		5 W. f	RUETT	JR	01-03-200 Date		77- 2 Phone #	2026		