FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2001 8:00 am Secretary of State **DOCUMENT # 496016** 1. Entity Name C. BOB BEALE COMPANY, INC. 04-12-2001 90089 001 ***450.00 Principal Place of Business Mailing Address 1000 HOOVER ROAD 1000 HOOVER ROAD 0 0 U 0 4 1 WINTER HAVEN FL 33884 WINTER HAVEN FL 33884 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1642306 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7.- Name and Address of New Registered Agent_ BEALE, DAN L Street Address (P.O. Box Number is Not Acceptable) 6618 WINTER GARDENS ROAD WINTER HAVEN FL 33884 City Zip Code 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) 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, 2001 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 11. 12, TITLE Delete TITLE ☐ Change Addition BEALE, C. ROBERT NAME NAME 1113 CYPRESS POINT W. STREET ADDRESS STREET ADDRESS CITY - ST - ZIP WINTER HAVEN FL CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete BEALE, DAN L. NAME NAME STREET ADDRESS 6618 WINTER GARDENS RD. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP ☐ Change — ☐ Addition TITLE TITLE Delete NAME HULSEY, ANNIE RUTH NAME STREET ADDRESS 3142 HIGHWAY 27 S. STREET ADDRESS CITY-ST-ZIP LAKE WALES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BEAL, ROBERT D NAME NAME STREET ADDRESS 3726 WHITE OAK COURT STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAKE WALES FL 33853 **X** Addition TITLE ☐ Delete ☐ Change IL, LAURA LET TENNYSON ROAD NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/01 Date 1863 375-8300 Daytime Phone # 72E034 (10/0