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CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 21, 2002 8:00 am DOCUMENT # 503746 **Secretary of State** 1. Entity Name 01-21-2002 90032 022 ***150.00 M. WALSH & SONS, INC. Principal Place of Business Mailing Address 2923 STANFORD RD. 2923 STANFORD RD. PANAMA CITY FL 32405 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1658145 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALSH, MICHAEL H. III Street Address (P.O. Box Number is Not Acceptable) 2923 STANFORD ROAD PANAMA CITY FL 32405 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 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change STD NAME walsh. Michael H. III NAME STREET ADDRESS STREET ADDRESS 2923 STANFORD RD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 TITLE ☐ Delete TITLE Change Addition DP NAME WALSH, MICHAEL H NAME STREET ADDRESS STREET ADDRESS 2923 STANFORD RD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 TITLE-Delete — ☐ Change ☐ Addition NAME NAME Walsh, James H STREET ADDRESS STREET ADDRESS 2923 STANFORD RD. CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. Thereby 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 Michael H. Walsh 1/10/02 (850)763-4529