2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # 505772 1. Entity Name RAY'S WHOLESALE, INC. 04-25-2000 90038 032 ***150.00 Mailing Address Principal Place of Business 58 E. MERRITT ISLAND CSWAY 58 E. MERRITT ISLAND CSWAY MERRITT ISLAND FL 32952 947183 MERRITT ISLAND FL 32952 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-1667892 Not Applicable Zip Country Zip Country \$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 Name GANOE, RAYMOND Street Address (P.O. Box Number is Not Acceptable) 1157 N INDIAN RIVER DR COCOA FL 32922 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, 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) ☐ Change Addition **PDST** ☐ Delete TITLE NAME NAME GANOE, RAYMOND STREET ADDRESS 1157 N INDIAN RIVER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL TITLE ☐ Delete Change ☐ Addition NAME NAME GANOE, NOREEN STREET ADDRESS STREET ADDRESS 1157 N INDIAN RIVER DR CITY-ST-ZIP CITY-ST-ZIP COCOA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE VD. NAME SCHLEY, SCOTT NAME STREET ADDRESS STREET ADDRESS 290 SE 6TH ST CITY-ST-ZIP CITY-ST-7IP **DELRAY BEACH FL 33483** ☐ Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 PIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #