2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 23, 2000 8:00 am Secretary of State **DOCUMENT # 521373** 1. Entity Name MEADORS' MARINE, INC. 03-23-2000 90034 036 \*\*\*150.00 Mailing Address Principal Place of Business 32522 PINE RD 32522 PINE RD EUSTIS FL 32736 EUSTIS FL 32736-9162 00043815US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2102006 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **HUMPHREY, PATRICIA M** Street Address (P.O. Box Number is Not Acceptable) **32522 PINE RD** EUSTIS FL 32736 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. (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99 TITLE ☐ Change Addition ☐ Delete TITLE HUMPHREY, PATRICIA M NAME **32522 PINE RD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EUSTIS FL 32736 CITY-ST-7JP [ ] Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: LATURE AND TYPED OR PRINTED NAME OF STANING OFFICER OR DIRECTOR HUMPHYEY 300-00 4073238313