2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _Y

IGNATURE AND TYPED OF MINTED NAME OF SIGNING OFFICE

Myers,

FILED Jan 19, 2000 8:00 am Secretary of State DOCUMENT # 575188 1. Entity Name PETERSON & MYERS, P.A. 01-19-2000 90001 041 ***150.00 Principal Place of Business Mailing Address 130 E CENTRAL AVE 130 E CENTRAL AVE DIRCODOR LAKE WALES FL 33853-4166 LAKE WALES FL 33853-4166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1832339 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 MYERS, C B Street Address (P.O. Box Number is Not Acceptable) 130 EAST CENTRAL AVENUE LAKE WALES FL City Zip Code 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) DATE 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Delete TITLE ☐ Change ☐ Addition TITLE MYERS, CORNEAL BUR NAME NAME STREET ADDRESS STREET ADDRESS 550 W. LAKE OTIS DR. S.E. CITY-ST-ZIP CITY-ST-7IP WINTER HAVEN FL 33880 VD ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRANDON, JACK P NAME MARKE STREET ADDRESS STREET ADDRESS 1147 N. LAKESHORE BLVD. CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 TITLE SD ☐ Delete TITLE Change Addition PUTNAM, THOMAS B JR. NAME NAME STREET ADDRESS 125 LAKE OTIS RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL 33884 TITLE ☐ Delete ☐ Change ☐ Addition PUTERBAUGH, ROBERT E 6505 SUNSET RIDGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 TITLE AS ☐ Delete Change ☐ Addition CONNOR! DAVIS J NAME NAME 116 S. LAKESHORE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 TITLE ☐ Change ☐ Addition TITLE ☐ Delete KNOWLTON, KEVIN C NAME STREET ADDRESS 839 HEATHERCREST STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33813 ed th the filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supp indicated on this report or supplement of the corporation or the receiver or trichanged, or on an attachment with a and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

A DIRECTOR

01/08/2000

941-676-7611

Daytime Phone #