2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # 579652 1. Entity Name 01-23-2002 90011 046 ***150 00 LONG POINT ENTERPRISES, INC. Principal Place of Business Mailing Address 6001 EAST HIGHWAY 98 6001 EAST HIGHWAY 98 PANAMA CITY FL 32404 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1841723 Not Applicable Country \$8.75 Additional Zip 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 HENDRICK, PAUL D. Street Address (P.O. Box Number is Not Acceptable) 6001 EAST HIGHWAY 98 PANAMA CITY FL 32404 Zip Code City 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME HENDRICK, PAUL D STREET ADDRESS STREET ADDRESS 6001 E HWY 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 ☐ Addition ☐ Change ☐ Defete TITLE TITLE NAME NAME HENDRICK, PETER M STREET ADDRESS STREET ADDRESS 6001 E HWY 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME HENDRICK, DOROTHY M STREET ADDRESS STREET ADDRESS 6001 E HWY 98 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY, FL 00000 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 Statutès. 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.

FILED