2001 UNIFORM BUSINESS REPORT (UBR)

Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # 610070** TATUM'S HARDWARE & SUPPLY, INC. 02-03-2001 90028 034 ***150.00 Principal Place of Business Mailing Address 2845 HWY 71ST N P.O. BOX 250 MARIANNA FL 32446 MARIANNA FL 32447 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 59-1893189 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 TATUM, LLOYD Street Address (P.O. Box Number is Not Acceptable) 2845 HWY 71ST N MARIANNA FL 32446 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. ad 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 11 12. TITLE Delete TITLE ☐ Change ☐ Addition TATUM, LLOYD NAME NAME STREET ADDRESS RT. 1,BOX 235 STREET ADDRESS CITY-ST-ZIP ALTHA FL CITY-ST-ZIP STD ☐ Change TITLE ☐ Delete TITLE ☐ Addition TATUM, MARGARET NAME NAME STREET ADDRESS RT. 1.BOX 235 STREET ADDRESS CITY-ST-ZIP ALTHA FL CITY-ST-ZIP TITLE -☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED