2000.UNIFORM BUSINESS REPORT (UBR) DOSUMENT # 1/13/5/1/3 00 APR 20 PH 1:37 Principal Place of Business Mailing Address SECRETARY OF STATE NORMANDY RD TALLAHASSEE, FLORIDA CASSEL BERRY FI 32707 2. Principal Face of Business 3. Mailing Address 5pm-Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 592009491 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required SOM POOLS 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AWRENCE W. GARROLL Street Address (P.O. Box Number is Not Acceptable) 706 Turn Bull 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) DATE FILE NOWIII 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PROS. 20 NT ☐ Change ☐ Addition ☐ Delete TITLE TITLE Tere L. Griffin NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -01102 nor -003 Addition. TITLE TITLE ****300.00 ****300.00 * NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete 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-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 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. GRIF SIGNATURE: NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(66/6)

CR2E034



JERE GRIFFIN INSURANCE AGENCY INC.

Auto-Life-Health-Home and Business

E-mail: BXF1@STATEFARM.COM

101 NORMANDY ROAD CASSELBERRY, FL 32707

Office: (407) 339-6332 Fax: (407) 339-4174

April 18, 2000

Florida Department of State Farm Insurance Division of Corporations PO Box 6327 Tallahassee, FL 32314

SUBJECT: JERE GRIFFIN INSURANCE AGENCY, INC

REF. NUMBER: 635723

Dear Sir or Madam:

Enclosed is the business report renewal along with a check for \$300, which represents the renewal fees for 1999 and 2000. April 17, 2000 I spoke by phone to Stacey regarding the letter dated April 11,2000 indicating that the corporation had been dissolved for failure to pay the renewal fee for 1999.

After checking my file, Stacey advised that this was a mailing update error. She said that I should send the renewal fees for 1999 and 2000 along with the 2000 renewal form and this letter referencing our phone conversation. She said I did not need to complete additional forms since this is a renewal and not a reinstatement.

Thrank You,

Jee Griffin