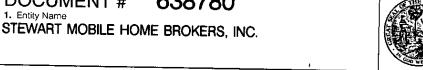
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

638780 **DOCUMENT #**

1. Entity Name





FILED Jan 15, 2003 8:00 am Secretary of State

01-15-2003 90316 032 ***150.00

| Principal Pla | | | | | |
|--|---|---|--|--|---|
| PLANT CITY | | Mailing Address 4404 STATE ROAD PLANT CITY FL 335 | | | |
| | | | | i jaalifa aijaa jijoo lehii haadi hajii aani albii oha | |
| 2. Principal Place of Business | | 3. Mailing Address | | | B1811 81811 81811 81811 1881 |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | CHECK HERE IF MAKING (| CHANGES |
| 7:- | | Oily a State | | 4. FEI Number 59-1957610 | Applied For Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | 8.75 Additional |
| | 6. Name and Address of Curre | nt Registered Agent | | 7. Name and Address of New Registered Ag | ee:Required |
| TURNEY. | WILLIAM H. | | Name | | |
| 4404 STATE ROAD 574 % | | | Street Addres | ss (P.O. Box Number is Not Acceptable) | |
| PLANT CI | TY FL 33567 | | | | |
| | | | City | FL | Zip Code |
| B. The above | named entity submits this statement | for the purpose of changin | g its registered office or regis | stered agent, or both, in the State of Florida. I am fan | niliar with and accept |
| | tions of registered agent. | | • | S , s say, was state of the float. Tall fall | mai with, and accept |
| SIGNATURE . | Signature, typed or printed name of registered agei | nt and title if applicable. | (NOTE: Registered Agent signature requ | | |
| 3. 3. 3. 3. | ILE NOW!!! FEE IS \$150.00 | | | Ifed when reinstating) DATE | |
| After Make Check | Payable to Florida Department | of State | | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| MILE | OFFICERS AND | | 11, | ADDITIONS/CHANGES TO OFFICERS AND D | RECTORS IN 11 |
| NAME | PD TURNEY, WILLIAM H | ☐ Delete | TITLE NAME | · · · · · · · · · · · · · · · · · · · | Change Addition |
| | 4404 ST RD #5 .7 4 PLANT CITY FL 33567 | | STREET ADDRESS CITY-ST-ZIP | | |
| | ST . | ☐ Delete | TITLE | | Change Addition |
| | TURNEY, WILLIAM H. 4404 ST. RD. #574 | | NAME STREET ADDRESS | _ | 7 |
| CITY-ST-ZIP | PLANT CITY FL | | CITY-ST-ZIP | | |
| | VD SCHILTZ | ☐ Delete | TITLE | | Change |
| | 4404 ST. RD. #574 | | NAME STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY FL | | CITY-ST-ZIP | | |
| | D TIDNEY MADOADET E | ☐ Delete | TITLE | | Change |
| | TURNEY, MARGARET E. 4404 St. Rd. #574 | | NAME STREET ADDRESS | | , |
| STREET ADDRESS 4 | PLANT CITY FL | | CITY-ST-ZIP | | |
| | | | TITLE | | 21 |
| City-st-zip | D SCHILTZ DOGANN | ☐ Delete | | | Change Laddition |
| CITY-ST-ZIP TITLE NAME | SCHILTZ, ROEANN | ∟ Delete | NAME | | Change |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS 4 | | ∟ Delete | | | Change [_] Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | SCHILTZ, ROEANN 4404 ST RD #574 | ☐ Delete | NAME STREET ADDRESS | | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | SCHILTZ, ROEANN 4404 ST RD #574 | | NAME STREET ADDRESS CITY-ST-ZIP | | Change Addition |

12 indicated on this report or supplemental report is reported and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director changed, or on an attachment with all other like empowered.

SIGNATURE: _