FILED 2000 UNIFORM BUSINESS REPORT (UBR) Sep 07, 2000 8:00 am Secretary of State **DOCUMENT # 681043** 1. Entity Name JON WHITE INC. - 1978 09-07-2000 90038 047 \*\*\*550.00 1417 4 3 1 2 - 13 33. 7 A 25 Principal Place of Business Mailing Address 16105 MARTIN LUTHER KING BLVD 1610 S. MARTIN LUTHER KING BLVD V V V I V V I ALACHUA FL 32615 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2023392 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, JON Street Address (P.O. Box Number is Not Acceptable) **ROUTE 1 BOX 16105** 16105 MARTIN LUTHER KING ALACHUA FL 32615 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 ? Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE WHITE, JONNY W JR. NAME NAME 16105 MARTIN LUTHER KING BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 ☐ Change Addition TITLE ☐ Delete TITLE NAME 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-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP ☐ Change □ Delete TITL F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP 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 engrowe

SIGNATURE:

C: 14 (5/00)