2000 UNIFORM BUSINESS REPORT (UBR)

Apr 01, 2000 8:00 am Secretary of State **DOCUMENT # 688436** WOCO SALES, INC. 04-01-2000 90001 005 ***150.00 Principal Place of Business Mailing Address 3551 ARLINGTON OAKS DRIVE 3551 ARLINGTON OAKS DRIVE MOBILE AL 36695-8701 ___ AL 36695 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2032051 Not Applicable Country Zip Zip \$8.75 Additional 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 WEBBER, KENNETH R. Street Address (P.O. Box Number is Not Acceptable) 13901 SMOKERISE COURT ORLANDO FL 32832 Zip Code FL 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 DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PSD** ☐ Addition Change ☐ Delete TITLE WEBBER, VIVIAN A NAME STREET ADDRESS 3551 ARLINGTON OAKS DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MOBILE AL ☐ Change ☐ Delete Addition Webber, Kenneth NAME NAME 13901 SMOKERISE CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL TITLE · Delete TITLE 3847 East Indigo Bay Drive Gilbert, AZ 85236 WEBBER, RONALD K. NAME NAME STREET ADDRESS -433-OPAL-COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Change ☐ Addition ☐ Delete TITLE WEBBER, STEVEN S. NAME STREET ADDRESS STREET ADDRESS 2912 COTTAGE KNOLL DR CITY-ST-7IP CITY-ST-ZIP MOBILE AL ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

E OF SIGNING OFFICER OF DIRECTOR

3-21-00