FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2002 8:00 am Secretary of State DOCUMENT # 698968 Entity Name 01-24-2002 90360 005 ***158.75 T. J. W. MANAGEMENT COMPANY, INC. Principal Place of Business Mailing Address 150 DUNDEE RD. 150 DUNDEE RD. DAYTONA BEACH SHORES FL 32118-5406 DAYTONA BEACH SHORES FL 32118-5406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 1 11 4. FEI Number City & State Applied For 1 1.15.7 59-2115371 Not Applicable Country 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 TIGHE, MICHAEL T. Street Address (P.O. Box Number is Not Acceptable) 150 DUNDEE ROAD DAYTONA BEACH SHORES FL 32118 City 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, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 作。資本の利比E NOW!!! FEE IS \$150.00 93 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, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE. ☐ Defete TITLE Change Addition GOODWIN, MORRIS W NAME NAME 150 DUNDEE RD. STREET ADDRESS STREET ADDRESS DAYTONA BCH SHRS FL 32118 CITY-ST-ZIP CITY-ST-ZIP SD TITLE ☐ Delete TITLE Change ☐ Addition NAME TIGHE, MICHAEL K. NAME STREET ADDRESS 150 DUNDEE RD STREET ADDRESS CITY-ST-ZIP DAYTONA BCH SHRS FL 32118 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DECKER, URSULA NAME STREET ADDRESS 150 DUNDEE RD STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH SHORES F: 32118 CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME HAYS, TERRIE NAME STREET ADDRESS 150 DUNDEE RD. STREET ADDRESS CITY-ST-ZIP DAYTONA BCH SHRS FL 32118 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 er 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 of the receiver or trustee employered 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR