## FILED Jun 02, 2003 8:00 am Secretary of State 06-02-2003 90191 040 \*\*\*150.00

2003 FOR PROFIT CORPORATION /

DOCUMENT # F01000001432	<u>U</u>	NIFORM BUSINE	55 KEPURT	(UBR	<u> </u>	-		
2. Principal Phase of Business  2. Making Access  Surla, Apt. 6, 46.   CHCCH HERE & MARING CHANGES  Surla, Apt. 6, 46.   CHCCH HERE & MARING CHANGES  Surla, Apt. 6, 46.   CHCCH HERE & MARING CHANGES  Chy & State	1. Entity Nan	n <del>e</del>	132				901384	61
CRIATION, AL 35055  CIRLAMA, AL 35055  L. Principal Prace of Dissiness  Surie, Apt. F. etc.  Surie, Apt. F. etc.  City & State	Principal Plac	e of Business	Malling Address			}		
2. Principal Prince of Business	· · · · · · · · · · · · · · · · · · ·						4	
SUM, Apt. 6, etc.    OHECK HERE F MAKING CHANGES   Applied for No Applied to No Applie						<u>}</u>		
SUM, Apt. 6, etc.    OHECK HERE F MAKING CHANGES   Applied for No Applied to No Applie	}							
Cay & State  Cay &	Principal Place of Business     3. Mailing Address							
Typ - decidence of country   20	Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES		
S. Pour and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of Registered Agent  8. The stoore named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I can hardle with an accept the decigions of registered agent.  8. The stoore named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I can hardle with, and accept the decigions of registered agent.  8. The stoore named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I can hardle with, and accept the decigions of registered agent.  8. The stoore named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Portice. I can hardle with, and accept the decigions of registered agent.  8. The stoore named entity submits his statement for the purpose of changing its registered office or registered agent.  9. Decision Campaign Firmaning  9. Decision Campaign Firmaning  9. Decision Campaign Firmaning  9. Decision Campaign Firmaning  9. State Access to Portice and Campaign Firmaning  9. Campaign Firmaning  9. Campaign Firmaning	City & State City & State							
S. Rame and Address of Durrent Registered Agent  7. Name and Address of New Registered Agent  Strest Address (P.O. Box Number is Not Acceptable)  City  FL. Zin Code  8. The shows named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fords. I am familiar with, and accept the outgetons of registered agent, or both, in the State of Fords. I am familiar with, and accept the outgetons of registered agent.  SIGNATURE  FLE. New (I) THE IS \$150.00.10  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  GRAPH DATE AGENT DATE AGENT DATE AGENT DEPARTMENT OF FORCERS AND DIRECTORS IN 11  THE MARK  SIGNATURE AGENT DATE AGENT DATE AGENT DEPARTMENT OF FORCERS AND DIRECTORS IN 11  THE MARK  SIGNATURE AGENT DATE AGENT DAT	Z)p-==	Zip Country - Zip		Country			□ \$8.75 Ad	ditional
Steel Address (P.O. Box Number is Not Acceptable)	ļ		<u></u>	L			1-99 Hequin	×d
Sheef Address (P.O. Box Number is Not Acceptable)  City FL 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. I am familiar with, and accept the outgators of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgators of registered agent, or both, in the State of Florida. I am familiar with, and accept the outgators of registered agent.  SIGNATURE  FULCION, year of prises remot agreement agent and accept agent and accept and accept agent and accept agent.  FULCION is year of prises for display and accept agent and accept agent and accept agent.  FULCION is year of the prises for display and accept agent and accept agent.  FULCION is year of with a state of the purpose of changing its registered office or registered agent.  FULCION is year of with a state of the purpose of changing its registered office or registered agent.  FULCION is year of the purpose of changing its registered office or registered agent.  FULCION is year of year of the purpose of changing its registered office or registered agent.  FULCION is year of yea	<u> </u>	6. Name and Address of Current	Registered Agent			7. Name and Address of New Re-	gistered Agent	———
Sheet Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The stooke named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I turn familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature	GRANT DE	<b>EAN</b>		Na Na	ŧme			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. It am familiar with, and accept the obligations of registered agent.    SIGNATURE	1518 SW 12TH AVE.			St	Street Address (P.O. Box Number is Not Acceptable)			
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. It am familiar with, and accept the obligations of registered agent.    SIGNATURE							1	
SIGNATURE    Special control of prices control segment agent of signature of in Engineers Agent segment algorithms for a special segment agent of segment agent age	l			(a	Ŋ		FL Zip Coo	le
SIGNATURE    Special control of prices control segment agent of signature of in Engineers Agent segment algorithms for a special segment agent of segment agent age	8 The show	nemed entity submits this statement in	r the number of changing its	remistered of	Ros or register	red enert or both in the State of Flori	ria I am familier with	and accept
Charge   C			to her before a committee of	riogramio o	not or register	to agora, or book, in the came of horn	cont. I carri va meta entre	
Charge   C	-							1
FLERNOW!   REE IS 160.00	SIGNATURE							
TILE PROPERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE PROPERS AND DIRECTORS IN 11  TOZ GREENVIEW CIRCLE CIVSI-2P  TITLE S CULLMAN, AL 35067  TITLE MAKE SIRETADORESS CIVSI-2P  TITLE TO CALLA, FL 34471  TITLE MAKE MONTGOMERY, EVERETT L III TITLE MAKE MONTGOMERY, EVERETT L III TITLE MAKE SIRETADORESS CIVSI-2P  TITLE MAKE MAKE SIRETADORESS CIVSI-2P  TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE SIRETADORESS CIVSI-2P  TITLE MAKE MAKE SIRETADORESS CIVSI-2P  TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE SIRETADORESS CIVSI-2P  TITLE MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE	zanywikito nyone zane			c: registration with	it salara marianta	and support	DATE	
TITLE MANE SIREST ADDRESS TOTAL STATE OCALA, FL. 34471  TITLE MANE MANE MANE MANE MANE MANE MANE MAN	adic Make Cheb	FILE NICWY (1 FEE) IS 1 100.00 PM cy 72 2003 Fee Vall by 4680.00 Payable to Florida Dejiartment.	i State					May Be d to Fees
TITLE MANE SIREST ADDRESS TOTAL STATE OCALA, FL. 34471  TITLE MANE MANE MANE MANE MANE MANE MANE MAN	10	OFFICERS AND	DIRECTORS	111		ADDITIONS/CHANGES TO DEFIC	FRS AND DIRECTOR	S BN 11
NAME SIREET ADDRESS OCALA, FL 34471  TITLE  MONTGOMERY, EVERETT L III SIREET ADDRESS CITY-ST-2P  CULLMAN, AL 35067  Delete  10.2 Green view Circle CULLMAN, AL 35067  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P								
NAME SIREET ADDRESS OCALA, FL 34471  TITLE  MONTGOMERY, EVERETT L III SIREET ADDRESS CITY-ST-2P  CULLMAN, AL 35067  Delete  10.2 Green view Circle CULLMAN, AL 35067  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P		1.						
NAME SIREET ADDRESS OCALA, FL 34471  TITLE  MONTGOMERY, EVERETT L III SIREET ADDRESS CITY-ST-2P  CULLMAN, AL 35067  Delete  10.2 Green view Circle CULLMAN, AL 35067  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P	STREET ADDRESS	, ,		STREET ADD	22390	•	• 1	1 4
NAME SIREET ADDRESS OCALA, FL 34471  TITLE  MONTGOMERY, EVERETT L III SIREET ADDRESS CITY-ST-2P  CULLMAN, AL 35067  Delete  10.2 Green view Circle CULLMAN, AL 35067  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P	City-ST-ZP	CULLMAN, AL 35057		CITY-ST-Z	P		+	[2]
NAME SIREET ADDRESS OCALA, FL 34471  TITLE  MONTGOMERY, EVERETT L III SIREET ADDRESS CITY-ST-2P  CULLMAN, AL 35067  Delete  10.2 Green view Circle CULLMAN, AL 35067  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  Delete  10.2 Green view Circle CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  CITY-ST-2P  10.2 Interest Adortess CITY-ST-2P  CITY-ST-2P  10.3 STARET ADORTESS CITY-ST-2P	TITLE	s	TSR. Delete	TITLE			□ Change	Addition C
STREET ADDRESS CITY-ST-2P COALA, FL 34471  TITLE MONTGOMERY, EVERETT L III STREET ADDRESS CITY-ST-2P CULLMAN, AL 36067  TITLE MAKE STREET ADDRESS CITY-ST-2P TI		_	(ASIANEE					ا استداد
CITY-S1-2P  OCALA, FL 34471  CITY-S1-2IP  TITLE  T	STREET ADDRESS	, -		STREET ADO	RESS			İ
MANÉ STREET ADDRESS CITY-ST-ZIP CULLMAN, AL 36067  TITLE MANÉ STREET ADDRESS CITY-ST-ZIP TITLE MANÉ STREET A	CITY-ST-2P			City-St-≵	P		+	
MANÉ STREET ADDRESS CITY-ST-ZIP CULLMAN, AL 36067  TITLE MANÉ STREET ADDRESS CITY-ST-ZIP TITLE MANÉ STREET A	TITLE		[] (b)	2015		<del></del>	NA Choose	Continue Continue
TRIE NAME STREET ADDRESS CITY-ST-2P  TRIE NAME S		1 7	L WEE		200	TANA LELENS	++ 111 W-4	
TRIE NAME STREET ADDRESS CITY-ST-2P  TRIE NAME S	STREET ADDRESS			STREET AD	MESS 1 A T	Comeanicher	, , , , ,	
TRIE NAME STREET ADDRESS CITY-ST-2P  TRIE NAME S	CITY-ST-ZP				102	Homes Al 250	ue	}
NAME STREET ADDRESS CITY-ST-2P  TITLE Delete NAME STREET ADDRESS CITY-ST-2P  TITLE NAME	TITLE	<u> </u>	☐ Delete	10LE			☐ Channe	Addition
STREET ADDRESS CITY-ST-ZP  TITLE Delete Delete TITLE Delete D	1						-1-	
CrtY-S1-2P  Trib.E  MAME  Trib.E  MAME  Trib.E  MAME  StreET Albiness  CrtY-S1-2P  Trib.E  MAME  Trib.E  Trib.E  Trib.E  Trib.E  Trib.E  Trib.E  MAME  Trib.E  T		}		STREET AUG	MESS			- ا
NAME STREET ADDRESS CITY-ST-ZP  TITLE Delice: ITHLE MAME STREET ADDRESS CITY-ST-ZP  TITLE MAME STREET ADDRESS CITY-ST-ZP  TITLE MAME STREET ADDRESS CITY-ST-ZP  TO Belice: NAME STREET ADDRESS CITY-ST-ZP  12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 only; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	CITY-ST-2P			€#Y-S7-}:	₽ .		1	
NAME STREET ADDRESS CITY-ST-ZP  TITLE Delice: ITILE NAME STREET ADDRESS CITY-ST-ZP  TITLE NAME STREET ADDRESS CITY-ST-ZP  TOLE TOLE TOLE TOLE TOLE TOLE TOLE TOL	TITLE		☐ Palata	TRIE			☐ Chare	Addition
COY-ST-ZP  TITLE    Delete   TITLE     Charge   Addition   MAME   STREET ADDRESS   CITY-ST-ZIP    TITLE     Charge   Addition   MAME   STREET ADDRESS   CITY-ST-ZIP    TITLE     Charge   Addition   TITLE     Charge   Addition   TITLE   Charge   Addition		1	v <sub>5</sub> n/k					
TITLE  NAME STREET ADDRESS CITY-ST-2P  12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1). 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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.	STREET ADDRESS	[		STREET ALX	HUESS		,	
NAME STREET ADDRESS CRY: 57-2P  12. 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 and accurate and that my signature shall have the same legal effect as if reade under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.	CITY-ST-ZP			COY-ST-Z	۱ ۹			
NAME STREET ADDRESS CRY: 57-2P  12. 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 and accurate and that my signature shall have the same legal effect as if reade under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.	TITLE		☐ Delete	1016			□ Chinose	Addition
STREET ADDRESS CITY-ST-ZIP  12. 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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.		(	E	•	ĺ		-3 +	_,, <sub> </sub>
12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.					MESS.		:	
12. 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 repoil or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cetty, 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 10 or Block 11 if changed, or on an attachment with an address with at other like empowered.					ŀ		1	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if reade under onth; 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 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.		partify that the intermetion counties with	this filing stope not music. In			etion 110 07/3VI) Florida Shakara 14	What cartiful that the	Oformation
SIGNATURE: Wala Sent DARLA GROWT 5/29/03 256-736-27/0	indicated of the cor	l on this report or supplemental report is poration or the receiver or trustee empo	true and accurate and that t swered to execute this report	Try signature s as required to	on stated in Se shall have the ny Chapter 507	iction (19.07(3)(1), Florion Statutes. In same legal effect as if made under on 7, Florida Statutes; and that my name i	water certify that the in that I am an office appears in Block 10 c	or director or Block 11 if
	SIGNAT	TURE: Hala Sen	A DARLA	GRAN	)+	5/29/03	256-736	-27/0



4F01000001430

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, Fl 32302-1500 May 29, 2003

To Whom It May Concern:

I spoke with Ladell at #850-488-9000 this p.m. in regard to the fact that I had not received my 2003 Uniform Business Report Form for this year. I didn't realize this until I was going through my yearly reports of last year.

He told me how to download the form from the Internet and send \$150.00 to you with a letter explaining my problem.

Please let me know if there is any problem with the form.

Thank you.

Sincerely,

Darla Grant