2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F19792 1. Entity Name B & H DISTRIBUTORS, INC. 03-21-2000 90102 008 ***150.00 Principal Place of Business Mailing Address 311 S DIXIE HIGHWAY 311 S DIXIE HIGHWAY TITUSVILLE FL 32796-3341 TITUSVILLE FL 32796 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City!& State 4. FEI Number 59-2094283 Not Applicable Country Zip Country Zip j \$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 Name GERTRUDE, ANNE BARNES Street Address (P.O. Box Number is Not Acceptable) 311 S DIXIE AVE TITUSVILLE FL 32796 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. CR2E034 (9/99) Delete Addition TITLE TITLE BARNES, GERTRUDE ANNE NAME NAME STREET ADDRESS 311 S. DIXIE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITUSVILLE, FL 0 ☐ Change . Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE MANAF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the compition stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report in true and accurate and that my speciature 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 secure this report as requires by Chapter 607. Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attack

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP