2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # F33666 ERNEST WATERS & SONS, INC. 05-01-2001 90066 007 ***150.00 Principal Place of Business Mailing Address 5353 RHYNN RD 5353 RHYNN RD WAUCHULA FL 33873 WAUCHULA FL 33873 COUDINGE US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FFI Number 59-2103232 City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WATERS, BRYANT Street Address (P.O. Box Number is Not Acceptable) 5353 RHYNN RD WAUCHULA FL 33873 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 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 Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. vn ☐ Addition Delete TITLE TITLE WATERS, LARRY E NAME NAME 821 MAUDE RD STREET ADDRESS STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WATERS, FRANCIS B NAME NAME 5353 RHYNN RD STREET ADDRESS STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-ZIP - Addition SID - Delete TITLE TITLE WATERS, DUSTYN B NAME NAME 5275 OLLIE ROBERTS RD 5502 RHYNN RD STREET ADDRESS STREET ADDRESS BOWLING GREEN, FL 33834 WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE RYAN R. WATERS NAME 635 MAUDE ROAD NAME STREET ADDRESS STREET ADDRESS WAUCHULA, FL 33873 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR