2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 14, 2003 8:00 am Secretary of State F33666 DOCUMENT # 04-14-2003 90065 019 ***150.00 1. Entity Name ERNEST WATERS & SONS, INC. Principal Place of Business Mailing Address 5353 RHYNN RD 5353 RHYNN RD WAUCHULA FL 33873 WAUCHULA FL 33873 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2103232 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATERS, BRYANT Street Address (P.O. Box Number is Not Acceptable) 5353 RHYNN RD WAUCHULA FL 33873 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE waters, ryan r NAME NAME 635 MAUDE ROAD STREET ADDRESS STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-ZIP PM ☐ Delete TITLE . Change ☐ Addition NAME WATERS, FRANCIS B NAME STREET ADDRESS 5353 RHYNN RD STREET ADDRESS CITY-ST-ZIP WAUCHULA FL 33873 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE STD NAME WATERS, DUSTYN B NAME STREET ADDRESS STREET ADDRESS 5275 OLLIE ROBERTS RD CITY-ST-ZIP **BOWLING GREEN FL 33834** CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition WATERS, MARNET A NAME NAME STREET ADDRESS 5353 RAYMOND RD STREET ADDRESS WAUCHULA FL 33873 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME

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 all other like empowered

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED