F39512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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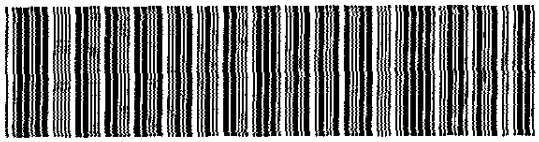

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03 AUG 13 AM 10:24
OFFICE OF STATE
TALLAHASSEE, FLORIDA

8/19/03
RA/KO

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Buccaneer Rope Co. OF Florida. Inc.
(Name of corporation)

DOCUMENT NUMBER: F39512

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dan Pockman
(Name of person)

Buccaneer Rope Co. OF Florida Inc.
(Name of firm/company)

22319 Alabama Hwy 79
(Address)

Scottsboro, AL. 35768
(City/state and zip code)

For further information concerning this matter, please call:

Dan Pockman at (256) 587-6232
(Name of person) (Area code & daytime telephone number)

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation: Buccaneer Rope Co. OF Florida Inc.

2. The principal office address: 22319 Alabama Hwy 79 Scottsboro, AL. 35768

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/4/81 Document number: F39512

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Greta H. Pockman

2872 Quail Hollow Road

Clearwater, FL. 33761

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

~~PATRICIA L. BEYER~~ KATHY BEYER

1100 MANDALAY POINT ROAD
(P.O. Box or personal mailbox NOT acceptable)

CLEARWATER, FLORIDA 33767

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Daniel M. Pockman
(Signature of an officer, chairman or vice chairman of the board)

Daniel M. Pockman President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kathy Beyer
(Signature of Registered Agent)

8/10/03
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314