2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # F41540** ROCKING-Y ENTERPRISES, INC. 01-18-2000 90061 024 ***150.00 Mailing Address Principal Place of Business % JAMES M GANN % JAMES M GANN 257 S.E. AVE E. P O BOX 1596 1462000 257 S.E. AVE E. P O BOX 1596 BELLE GLADE FL 33430-6596 BELLE GLADE FL 33430-4023 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. FEI Number City & State 59-2163974 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GANN, JAMES M Street Address (P.O. Box Number is Not Acceptable) 257 S.E. AVENUE E BELLE GLADE FL Zip Code FL 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 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. DP Delete TITLE TITLE YOUNG, DAVID L NAME YOUNG, DAVID L STREET ADDRESS STREET ADDRESS STATE ROAD 80 1812 B ROAD CITY-ST-ZIP CITY-ST-ZIP BELLE GLADE, FL 00000 Loxabatchee, F1, 33470 ☐ Change TITLE ☐ Delete TITLE HENDRIX, ROBERT W., JR. NAME NAME STREET ADDRESS 333 S.E. 2ND STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL** ☐ Change TITLE Delete TITLE MILLER, DIANA L. NAME KÎRCHMAN, KATHY M NAME STREET ADDRESS 1303 STILLWELL ROAD_ STREET ADORESS 333-N:E-6th-Street-CITY-ST-ZIP CITY-ST-ZIP **BELLE GLADE FL** Belle Glade, Fl. 33430 ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.