2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F93000003162 Jan 21, 2000 8:00 am Secretary of State 1. Entity Name REECE, NOLAND & MCELRATH, INC. 01-21-2000 90069 019 ***150.00 Principal Place of Business Mailing Address 409 N HAYWOOD STREET P.O. BOX 540 WAYNESVILLE NC 28786-0540 WAYNESVILLE NC 28786-0540 C0008732 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 56-1033094 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'MEARA, TOM Street Address (P.O. Box Number is Not Acceptable) ST. BRENDAN'S ISLE, INC. 411 WALNUT ST. GREEN COVE SPRINGS FL 32043-3443 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. 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 11. 12. ☐ Addition TITLE ٧D ☐ Delete TITLE ☐ Change MCELRATH, W.L.JR. 1997 NAME NAME STREET ADDRESS STREET ADDRESS 409 N HAYWOOD STREET CITY-ST-ZIP CITY-ST-ZIP WAYNESVILLE NC 28786-0540 ☐ Change ☐ Addition ۷D ☐ Delete TITLE TITLE REECE, C. JEFF JR NAME NAME STREET ADDRESS STREET ADDRESS 409 N HAYWOOD STREET CITY-ST-ZIP CITY-ST-ZIP . WAYNESVILLE NC 28786-0540 ☐ Change® ^{*} (☐ Addition) TITLE TITLE Delete KAUFMAN, STEPHEN C NAME NAME STREET ADDRESS **409 N HAYWOOD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAYNESVILLE NC 28786-0540 ☐ Change Addition Delete TITLE TITLE REECE, JUDITH W NAME NAME STREET ADDRESS STREET ADDRESS 409 N HAYWOOD STREET CITY-ST-ZIP CITY-ST-ZIP WAYNESVILLE: NC 28786-0540 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME GARRETT, CHARLES W NAME 409 NORTH HAYWOOD STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAYNESVILLE NC 28786-0540 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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.

SIGNATURE:

TYPEDOR PRINTED RANGE OF SIGNING OFFICER OR DIRECTOR

828,456,9851

Daytime Phone #