2002 UNIFORM BUSINESS REPORT (UBR)

May 01, 2002 8:00 am Secretary of State F94000004117 DOCUMENT # Entity Name 05-01-2002 91603 032 ***150 AWA MANAGEMENT CORPORATION Principal Place of Business Mailing Address P.O. BOX 1352 P.O. BOX 1352 EAST PALATKA FL 32131 EAST PALATKA FL 32131 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 88-0159254 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RONALD E CLARK THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET ST JOHNS AVENUE STE 105 Zip Code **3**セ1クク TALLAHASSEE FL 32301 'PALATKA 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back): ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TRESCOT, NANCY J NAME NAME STREET ADDRESS STREET ADDRESS A WAYS AWAY CITY-ST-ZIP CITY-ST-ZIP EAST PALATKA FL 32131 ☐ Addition TITLE VCDS ☐ Delete NAME TRESCOT JR, JOHN H STREET ADDRESS STREET ADDRESS A WAYS AWAY CITY-ST-ZIP EAST PALATKA FL 32131 ☐ Addition ☐ Change TITLE ☐ Delete NAME_____ NAME GEAR, ANDREA T-STREET ADDRESS STREET ADDRESS 2707 ADMIRALS WALK DR E CITY-ST-ZIP CITY-ST-ZIP **ORANGE PARK FL 32073** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME TRESCOT JR. JOHN H STREET ADDRESS STREET ADDRESS A WAYS AWAY CITY-ST-ZIP CITY-ST-ZIE EAST PALATKA FL 32131 Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Daytime Phone #

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