2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9500001766 Sep 18, 2000 8:00 am Secretary of State DUNLAP SALES, INC. 09-18-2000 90149 020 ***550.00 Principal Place of Business Mailing Address 7066 NW 50TH STREET 7066 NW 50TH STREET MIAMI FL 33166-5634 MIAMI FL 33166-5634 2. Principal Place of Business 3. Mailing Address 7640 NW 25TH STREET 7640 NW 25TH STREET Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 115 SUITE 115 City & State 4. FEI Number Applied For City & State 61-0864170 Not Applicable MIAMI, FL MIAMI, Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33122-1717 USA 33122-1717 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENATO LIMA RENATO, LIMA Street Address (PO. Box Number is Not Acceptable) 7640 NW 25TH STREET. 7066 NW 50TH STREET MIAMI FL 33166 SUITE 115 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. SALES MANAGER-LATIN AMERICA 8/31/00 RENATO LIMA SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Mln. will be \$750.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Delete Change ☐ Addition TITLE TITI F MCINNIS, BRUCE J NAME NAME STREET ADDRESS 404 HUNTER PLACE (PO BOX 751) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOPKINSVILLE KY 42241-0751 Change TITLE ☐ Detete Addition NAME MCINNIS, JANE D NAME STREET ADDRESS 404 HUNTER PLACE (PO BOX 751) STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOPKINSVILLE KY 42241-0751 __ _ Addition C ☐ Delete TITL F TITLE DUNLAP, JACK A NAME NAME STREET ADDRESS STREET ADDRESS 3640 LAKEMONT CITY-ST-ZIP CITY-ST-ZIP **BONITA SPRINGS FL 33923 CFO** ☐ Change ☐ Addition ☐ Delete TITI E TITLE KING, RUSSELL D NAME NAME STREET ADDRESS STREET ADDRESS 6960 WEST JEFF DAVIS HWY CITY-ST-ZIP CITY-ST-ZIP ELKTON KY 42220. ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition 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 trusted 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.

MESSOUIRBRÜCE J. MCINNIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 599-3391

Daytime Phone #

SIGNATURE: