2002 UNIFORM BUSINESS REPORT (UBR)

Sep 03, 2002 8:00 am Secretary of State F96000003073 DOCUMENT # 1. Entity Name 09-03-2002 90170 034 ***550 00 GENERAL SERVICES OF PPM. INC. Principal Place of Business Mailing Address P.O. BOX 118 P.O. BOX 118 977917 SOUTH MAIN ST. SOUTH MAIN ST. SOCIETY HILL SC 29593 SOCIETY HILL SC 29593 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 57-0830957 Not Applicable Zip Country Country **\$8.75** Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION; FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 **PCEO** TITLE ☐ Delete TITLE ☐ Addition MOREE, HENRY NAME NAME SOUTH MAIN ST. STREET ADDRESS STREET ADDRESS SOCIETY HILL SC 29593 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME OLLIS, ROBERT STREET ADDRESS SOUTH MAIN ST. STREET ADDRESS CITY-ST-ZIP SOCIETY HILL SC 29593 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME ROACH, MIKE STREET ADDRESS SOUTH MAIN ST. STREET ADDRESS SOCIETY HILL SC 29593 CITY-ST-ZIP CITY-ST-ZIP TITLE AS ☐ Delete TITLE ☐ Change Addition DAVIS, CAROL L NAME STREET ADDRESS SOUTH MAIN ST STREET ADDRESS CITY-ST-ZIP SOCIETY HILLS SC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

FILED