2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 06, 2000 8:00 am DOCUMENT # F96000004187 Secretary of State EDWARD F. TANNERY & CO., INC. 03-06-2000 90088 028 ***150.00 Mailing Address Principal Place of Business 4006 THACKERY WAY 4006 THACKERY WAY PLANT CITY FL 33567-7246 PLANT CITY FL 33567 C0032773 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-2740326 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 Name TANNERY, IRMGARD M Street Address (P.O. Box Number is Not Acceptable) 4006 THACKERY WAY PLANT CITY FL 33567 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 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change ☐ Delete TITLE TITLE TANNERY, IRMGRAD M NAME STREET ADDRESS 4006 THACKERY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 Change Addition Delete TITLE TITLE TANNERY, EDWARD F NAME NAME STREET ADDRESS 4006 THACKERY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PLANT CITY FL 33567 . Addition ☐ Delete TITLE ☐ Change TITLE TANNERY, MONICA V NAME NAME STREET ADDRESS 1307 SOUTH GLEN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete TITLE TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/18/2 000 18/3-754-8631
Daytime Phone *