FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT FLORIDA DEPARTMENT OF STATE FILED **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 98 JUN 12 AM 1: 11 7000000 762 DOCUMENT #
1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA M&M PROPERTIES, INC. Principal Place of Business Mailing Address 8519 HIGHWAY 20 WEST PO BOX 605 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified MAY 16, 1984 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 63-0985405 Not Applicable SAME SAME 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc 么 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be MADISON, Trust Fund Contribution Added to Fees 28 MADISON, AL 23 Country Country 8. This corporation owes or has paid the current year Intangible Zip Z_{1D} USA 35758 Personal Property Tax due June 30. Yes ☐ No 25 USA 29 35758 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Corporation Service Company 1201 Hays Street Tallahassee FL 32301 Namo 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TITLE PRESIDENT, RALPH McCURRY 200002561892-- 5 1.2 NAME NAME 111 CANE BROOK CT. -06/16/93--01116--009 1.3 STREET ADDRESS STREET ADORESS MADISON, AL 35758 ****558.75 ****558.75 1.4 CITY - ST - Z(P CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE SECRETARY/TREASURER 2.2 NAME NAME MIKE FALCONITE 2.3 STREET ADDRESS STREET ADDRESS 6305 TURNBERRY DRIVE 2. 4 CITY-ST-ZIP CITY-ST-ZIP PADUCAH, KY 42001 Change ☐ Addition DELFTE 3.1 TITLE TITLE VP/CFO, KEVIN PUGH 3.2 NAME NAME 2440 GHOLSON ROAD 3.3 STREET ADDRESS STREET ADDRESS WEST PADUCAH, KY 42086 CITY-ST-ZIP 3.4. CITY - ST - 7/P DELETE 4.1 TITLE Change ■ Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TITLE TITLE 5.2 NAME NAME **53 STREET ADDRESS** STREET ADDRESS 54 CHY-S1-ZIP CITY-ST-ZIP Change Addition DELETE TITLE 6 1 1!1LE 6.2 NAME NAME 6.3 STREFT ADDRESS STREET ADDRESS 6.4 CITY-ST-7IP CITY-ST-ZIP 14. 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. Further certify that the information indicated on this armual report or supplemental minual 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 12 or Block 13 if changed, or on an attacky int with an address.