2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # F9700005616 CARTHY COMPANY, INC. 05-05-2000 90030 048 ***150.00 Principal Place of Business Mailing Address 5367 N AIRPOIRT RD 530 CASSELL LN ROANOKE VA 24014-3228 NAPLES FL 34010 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 54-1865194 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WORTHY III, HOWARD G Street Address (P.O. Box Number is Not Acceptable) 241 7TH AVE N. NAPLES FL 34102 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PTD ☐ Delete TITLE TITLE WORTHY, CLARK H NAME STREET ADDRESS 530 CASSELL LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROANOKE VA Change ☐ Delete TITLE ☐ Addition WORTHY, SMITH S NAME NAME STREET ADDRESS STREET ADDRESS 530 CASSELL LN CITY-ST-7IP CITY-ST-ZIP ROANOKE VA ☐ Addition Change Delete TITLE TITLE WORTHY III, HOWARD G NAME NAME STREET ADDRESS STREET ADDRESS 241 7TH AVE N CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Change ☐ Addition ☐ Delete TITLE Worthy, Michele P NAME NAME STREET ADDRESS STREET ADDRESS 241 7TH AVE N CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34102 ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Phone #