2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 24, 2000 8:00 am DOCUMENT # F97000006628 Secretary of State 1. Entity Name TUTTLE INVESTMENT COMPANY, INC. 01-24-2000 90079 029 ***150.00 Principal Place of Business Mailing Address 909 TABORLAKE 909 TABORLAKE LEXINGTON KY 40502 **LEXINGTON KY 40502-3032** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 61-1049442 Not Applicable Zip Country Country \$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 TUTTLE, J J Street Address (P.O. Box Number is Not Acceptable) 20721 COUNTRY CREEK DR., #1413 ESTERO FL 33928 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 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 11. Delete ☐ Addition TITLE TITLE TUTTLE, JOSEPH J NAME NAME STREET ADDRESS 909 TABORLAKE CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40502** ☐ Change ☐ Addition TITLE ☐ Delete TITLE TUTTLE, WILDA W NAME NAME STREET ADDRESS 909 TABORLAKE CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP LEXINGTON KY 40502 * → Delete` · Change Addition TITLE TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

AND THE PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/17/00 941-948-1328

☐ Change

Addition

CR2F034 (9/99)