2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2001 8:00 am DOCUMENT # F9700006695 **Secretary of State** G E S (OF MISSISSIPPI), INC. 02-19-2001 90050 042 ***150.00 Principal Place of Business Mailing Address 4952 HWY 13 S. 4952 HWY 13 S. NUUMEMUU MORTON MS 39117 MORTON MS 39117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 64-0826551 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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, (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, 2001 Fee will be \$550.00 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 12. Change ☐ Addition TITLE Delete TITLE GEORGE, KENNETH NAME STREET ADDRESS 4890 HWY 13 S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MORTON MS 39117 TITLE ☐ Delete TITLE ☐ Change ☐ Addition KUHN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS RT 1 BOX 64-D CITY-ST-7IP CITY-ST-ZIP PULASKI MS 39152 Addition TITLE TITLE Change Delete NAME GEORGE, CHARLOTTE NAME STREET ADDRESS STREET ADDRESS 4890 HWY 13 SOUTH CITY-ST-ZIP CITY-ST-ZIP **MORTON MS 39117** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TIT! F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE: