2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

FILED May 12, 2000 8:00 am Secretary of State DOCUMENT # F98000001631 PEACH STATE FINANCIAL GROUP, INC. 05-12-2000 90055 012 ***150.00 Principal Place of Business Mailing Address 801 JENKS AVE 801 JENKS AVE SUITE B SUITE B PANAMA CITY FL 32401 PANAMA CITY FL 32401-2569 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 58-2247499 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERBIG, GERARD J SR Street Address (P.O. Box Number is Not Acceptable) 801 JENKS AVE SUITE B PANAMA CITY FL 32401 Zip Code City 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 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 211 CS TITLE ☐ Defete TITI F Change ☐ Addition GERBIG, GERARD J SR NAME NAME STREET ADDRESS STREET ADDRESS 801 JENKS AVE, SUITE F CITY-ST-7/P CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Detete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET AGORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

J. GERBIG SA