2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9800005114 Apr 21, 2000 8:00 am Secretary of State LANE MCDUFF SALES. INC. 04-21-2000 90031 009 ***150.00 Principal Place of Business Mailing Address PO BOX 14311 PO BOX 14311 FORT WORTH TX 76117-0311 FORT WORTH TX 78117 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 75-1420906 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **EDWARDS, DON** Street Address (P.O. Box Number is Not Acceptable) 1806 SO. COMBEE ST. SUITE A-1 LAKELAND FL 33801-6852 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. DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition ☐ Delete TITLE LANE, GEORGE NAME NAME STREET ADDRESS 2109 CARSON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT WORTH TX 76117 ☐ Change ☐ Addition ☐ Delete TITLE TITLE LANE, BRENT NAME STREET ADDRESS STREET ADDRESS 9856 D I-10 EAST CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX 77029 -Addition ☐ Delete ☐ Change TITLE LANE, ALETIA NAME NAME STREET ADDRESS STREET ADDRESS 2109 CARSON STREET CITY-ST-ZIP CITY-ST-ZIP FORT WORTH TX 76117 ☐ Delete Change Addition TITLE LANE, SCOTT R NAME STREET ADDRESS STREET ADDRESS 13506 POSSUM WAY CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO TX 78232 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trusts empowered to secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR