2000 UNIFORM BUSINESS REPORT (UBR)

Crisp Hughes Evans LLP

Mar 22, 2000 8:00 am Secretary of State DOCUMENT# Design and Applications, Inc. 03-22-2000 90033 007 ***150.00 Mailing Address 2350 Highway 101 South 10151 Degroood Park Blud! Building 200, Suite 250 Greerisc 29651 Jacksenville, FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number. Applied For 57- 1011656 Not Applicable Country 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 Drummond, WM Brian 10151 Definoed Park Blud Street Address (P.O. Box Number is Not Acceptable) Building 200, Suite 250 City Zip Code FL Sacksenullo FL 32256 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, typeo 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 filling 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 V. 65 0 01F TITLE ☐ Delete TITLE ☐ Change Addition Page Daniel V. 5 Sundwich Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP Cambobello Sc 29322 CITY-ST-ZIP Vice President Turknett , James 124 Ridge way TITLE Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE States boro, GA 30458 CITY-ST-ZIP Secretary/treasurer Avery, Howard K. 114 Antique way Green SC 29650 TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with an aggress, with all other like empowered. <u>3-13-2000</u> SIGNATURE:

Post Office Box 25849 | Greenville, SC 29616

FILED