2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9900001516 Mar 20, 2000 8:00 am Secretary of State AVALON ELECTRONICS, INC. 03-20-2000 90023 044 ***150.00 Principal Place of Business Mailing Address 98 BLACKS MILL DRIVE 98 BLACKS MILL DRIVE DAWSONVILLE GA 33830-8730 DAWSONVILLE GA 30534 2. Principal Place of Business 3. Mailing Address 409 BARTOW MUNICIPAL 409 BARTOW MUNICIPAL ARPT DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2180481 Not Applicable BARTOW \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TR. HOLCOMB, PAULA J Street Address (P.O. Box Number is Not Acceptable) 5223 OLD EAGLE LAKE ROAD LAKESIDE TERRACE WINTER HAVEN FL 33840 City EAGLE 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 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 16 . 15:1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change Addition PTD ☐ Delete TITLE TITLE NAME THAMES JR. FRED A NAME STREET ADDRESS STREET ADDRESS 625 S. LAKESIDE TERRACE CITY-ST-7IP CITY-ST-ZIP EAGLE LAKE FL □ Change ☐ Addition S ☐ Delete TITLE NAME THAMES, JEANNE T NAME STREET ADDRESS STREET ADDRESS 625 S. LAKESIDE TERRACE CITY-ST-ZIP CITY-ST-ZIP EAGLE LAKE FL ☐ Delete ☐ Change Addition TITLE MASON, TERRENCE I NAME STREET ADDRESS STREET ADDRESS WHITE HORSE LODGE OVER STOWEY CITY-ST-ZIP CITY-ST-ZIP BRIDGEWATER UNITED KINGDOM [] Change Addition ☐ Delete TITLE KNOTT, JOHN NAME STREET ADDRESS STREET ADDRESS COURT FARM, HENTON CITY-ST-ZIP CITY-ST-ZIP WELLS UNITED KINGDOM ☐ Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE

13. I hereby 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 address, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

CICMATURE

NAME

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

THAMES, JR 03/06/0

00 863519-0905

Daytime Phone #