2001 UNIFORM BUSINESS REPORT (UBR) Apr 13, 2001 8:00 am Secretary of State DOCUMENT # F9900004662 PROCTOR & ASSOCIATES INC. 04-13-2001 90054 031 ***150.00 Principal Place of Business Mailing Address 118 HILLTOP BUSINESS DR. 118 HILLTOP BUSINESS DR. PELHAM AL 35124 PELHAM AL 35124 00036070 2. Principal Place of Business 3. Mailing Address O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 63-1216950 Not Applicable IRMIN ABAMA \$8.75 Additional 5. Certificate of Status Desired 5260 3526<u>0</u> (1814 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PROCTOR, RALPH Street Address (P.O. Box Number is Not Acceptable) 312 NW RACE TRACK RD FT WALTON BEACH FL 32547 Zip Code 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. KAIPN T 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE TITLE NAME NAME PROCTOR, RALPH T STREET ADDRESS STREET ADDRESS 118 HILLTOP BUSINESS DRIVE CITY-ST-ZIP CITY-ST-ZIP PELHAM AL ☐ Delete ☐ Addition TITLE TITLE NAME NAME PROCTOR, LEA STREET ADDRESS STREET ADDRESS 118 HILLTOP BUSINESS DRIVE CITY-ST-7IP CITY-ST-ZIP Pelham al Change - . . Addition > . TITLE ☐ Delete TITLE eactee. Ralan T NAME NAME 4013 CHARLING Cross Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOOVER, ALABAMO. Change ☐ Delete TITLE Addition Proctur Lea NAME 4013 Charring Cross Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

3. 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.

CICMATUDE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PROCTER, Rie

1/8/2001

(205)979-8111

Daytime Phone #