2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G01224

1. Entity Name

3715 MOBILE HWY.

May 03, 2000 8:00 am Secretary of State PANHANDLE BUMPERS, INC. 05-03-2000 90088 048 ***150.00 Principal Place of Business Mailing Address 3715 MOBILE HWY. PENSACOLA FL 32505-6122 PENSACOLA FL 32505-6122 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2228698 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BASS, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 4045 KINGSBERRY DR PENSACOLA FL 32504 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 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE TITLE BASS, ROBERT E NAME NAME 4045 KINGSBERRY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP

☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

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.

SIGNATURE:

4/25/0 d g50-476-8942 Date Deytime Phone #

FILED