FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 09, 2002 8:00 am G67629 Secrétary of State DOCUMENT # 1. Entity Name 07-09-2002 90027 037 ***150.00 PANTHER EQUIPMENT, INC. Mailing Address Principal Place of Business PO BOX 453 ONE HALF MILE NORTH OF 1-4: HWY 579 MANGO FL 33550 MANGO FL 33550-0453 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2375388 City & State Not Applicable \$8.75 Additional Country Zio Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, LOUIS M., JR. & SMITH, JOAN MARIE Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 579 **BOX 453** Zip Code MANGO FL 33550 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE NAME SMITH, LOUIS M JR NAME STREET ADDRESS POB 453 N/A STREET ADDRESS CITY-ST-ZIP MANGO FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE SMITH, JOAN MARIE NAME NAME STREET ADDRESS POB 453 N/A STREET ADDRESS CITY-ST-ZIP MANGO FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 chapter for one analysis ment with an address, with all other like empowered. changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

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TOURS FOR USE TO A MARIE Smith Sec. July 1.02 -(813) 6213122

☐ Delete

☐ Change

Addition

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