FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 10, 2002 8:00 am Secretary of State H03449 DOCUMENT # 1. Entity Name 07-10-2002 90193 022 ***150 SIMMONS & JOHNSON, INC. Principal Place of Business Mailing Address 2686 W. SILVER SPRINGS BLVD. 2686 W. SILVER SPRINGS BLVD. OCALA FL 34475 OCALA FL 34475 US 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 59-2405011 Not Applicable Zip Country Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, JAMES R. Street Address (P.O. Box Number is Not Acceptable) 2686 W. SILVER SPR. BLVD. OCALA FL 32675 City 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. ‡ am familiar with, and accept the obligations of registered agent SIGNATURE agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$580,00 (50 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE ☐ Change JOHNSON, JAY NAME NAME 8835 W. ANTHONY RD. NE STREET ADDRESS STREET ADDRESS OCALA FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change JOHNSON, REJENA NAME NAME 8835 W. ANTHONY RD. NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP OCALA FL CITY-ST-ZIP Addition TITLE Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE AND TYPED OR/PRINTSD NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone

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: