2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2000 8:00 am Secretary of State **DOCUMENT # H05286** 1. Entity Name BEGAR, INC. 05-11-2000 90320 025 ***150.00 Mailing Address Principal Place of Business P.O. BOX 30650 P.O. BOX 30650 PENSACOLA FL 32503-1650 PENSACOLA FL 32503-1650 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 City & State 59-2416672 Not Applicable \$8.75 Additional Zip Country 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 PEEBLES, JR., GLENN GARWOOD Street Address (P.O. Box Number is Not Acceptable) 636 N NAVY BLVD PENSACOLA FL 32507 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DΡ Delete TITLE TITLE PEEBLES, JR., GLENN G. NAME STREET ADDRESS STREET ADDRESS 636 NAVY BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change TITLE Addition ☐ Delete TITLE NAME PEEBLES, JR., GLENN G. NAME STREET ADDRESS STREET ADDRESS 636 NAVY BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE TITLE ☐ Delete NAME NAME PEEBLES, JANE STREET ADDRESS STREET ADDRESS 636 NAVY BLVD CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME PEEBLES, JANE STREET ADDRESS STREET ADDRESS 636 NAVY BLVD CITY-ST-ZIF CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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.