2000 UNIFORM BUSINESS REPORT (UBR) FILED Jul 05, 2000 8:00 am Secretary of State DOCUMENT # H45737 1. Entity Name ALLCOM SYSTEMS CORP. 07-05-2000 90878 046 ***150.00 Principal Place of Business Mailing Address 2700 WEST SILVER SPRINGS BLVD. 2700 WEST SILVER SPRINGS BLVD. OCALA FL 34475-5658 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2501378 Not Applicable Country Ζip 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 ROGER R ROSDAHL Street Address (P.O. Box Number is Not Acceptable) 2700 W. SILVER SPRINGS BLVD. OCALA FL 34474 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 12 11. Change Addition □ Delete TITLE TITLE NAME NAME ROGER R ROSDAHL STREET ADDRESS STREET ADDRESS 2700 WEST SILVER SPRINGS BLVD. CITY-ST-ZIP CITY-ST-ZIP **OCALA FL 34474** Addition Change 🕱 Delete TITLE TITLE NAME JOSEPHINE WARNER NAME STREET ADDRESS CYDEET ADDRES 2700 WEST-SILVER-SPRINGS-BLVD CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME FRED BULLARD NAME STREET ADDRESS STREET ADDRESS 2700 WEST SILVER SPRINGS BLVD. CITY-ST-ZIP CITY-ST-ZIP OCALA FL 34474 Addition PRESIDENT I DIRECTOR ☐ Change ☐ Delete TITLE TITLE MARVIN L. WARNER 2700 W. SILVERSPRINGS NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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 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 of 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.

Date

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: