FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # H50276** THE RAIN DRAIN COMPANY, INC. 04-11-2001 90059 038 ***150.00 Principal Place of Business Mailing Address 281 AZALEA DRIVE 281 AZALEA DRIVE DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2547934 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 Robert T. Wrobel PEALE, FRANKIE J. Street Address (P.O. Box Number is Not Acceptable) 281 AZALEA DR DESTIN FL 32541 Azalea Dr. 8. The above named entity submits this statement for the purpose of changing its registered oth, in the State of Florida 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, 2001 Fee will be \$550.00 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 11. 12. 3R2E034 (10/00) TITLE ☐ Delete D Peace, J.R. PEALE, J. R. NAME NAME 759 BAYOU DRI 759 BAYOU DR. STREET ADDRESS STREET ADDRESS DESTIN FL CITY-ST-ZIP CITY-ST-ZIP Dostow FL TITLE ☐ Delete TITLE PEALE, FRANKIE J. EALE, FRANKIE J. NAME NAME 759 BAYOU DR STREET ADDRESS 759 BAYOU DR. STREET ADDRESS **DESTIN FL** CITY-ST-ZIP CITY-ST-ZIP Destin FL. TITLE ☐ Delete P/T/ S/D Change ☐ Addition WROBEL, ROBERT PROBEL, POBERT T NAME NAME 320 SPRING LANE STREET ADDRESS STREET ADDRESS 320 spring have DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP Deston FL. 3794 TITLE □ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 seport 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 trustel empowered of execute this report a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

changed, or on an attachment with an address, w

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

th all other like empower

4/3/0/ 1-850-837-1333