Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # H71219** 1. Entity Name JIMISON STEEL SERVICE, INC. 04-24-2001 90058 005 ***150.00 Principal Place of Business Mailing Address 7335 COLLEY ROAD 7995 COLLEY ROAD ODESSA FL 33556 ODESSA FL 33556 2. Principal Place of Business 8745 Landoflaras Blud 8745 Land of Lakes Blud Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2562407 Landof Lakes FL and of Lakes Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required . Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JIMISON, KATHY ANN Street Address (P.O. Box Number is Not Acceptable) 8145 Land of Lakes Blue 7335 COLLEY ROAD ODESSA-FL-33556 Land of Lakes, Fc. Zip Code 34639 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE Change ☐ Addition TITLE JIMISON, DANIEL W. NAME NAME 8745 Landof Lakes Blud 7335 COLLEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Landof Cakes, Fc. 34639 CITY-ST-ZIP ODESSA FL **VD** TITLE □ Delete TITI F JIMISON, KATHY ANN NAME NAME 8745 land of Lakes Brud Land of Lakes, Fi. 34639 STREET ADDRESS 7935-COLLEY RD STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP ODESSA FL. ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01 813-996-2843

Daytime Phone #