FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am **DOCUMENT # H77824 Secretary of State** LANDERS & PARSONS, P.A. 03-29-2001 90025 016 ***150.00 Principal Place of Business Mailing Address 310 W. COLLEGE AVNEUE 310 W. COLLEGE AVNEUE $\sigma \circ \sigma \circ \sigma \circ \sigma$ P.O. BOX 271 P.O. BOX 271 TALLAHASSEE FL 32302-0271 TALLAHASSEE FL 32302-0271 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 59-2581204 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PARSONS, PHILIP S. Street Address (P.O. Box Number is Not Acceptable) 310 E. COLLEGE AVENUE TALLAHASSEE FL 32301 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ŨΡD ☐ Change Addition TITLE ☐ Delete TITLE PAUGH, LESLIE J. 3877 MAGELLAN TRAIL LANDERS, JOSEPH W., JR. NAME NAME STREET ADDRESS STREET ADDRESS 5009 BRILL PT RD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL TALLAHASSEE FL TITLE SD Delete . TITLE Change KIESLING, DIANE K. LAVIA, JOHN T III NAME NAME RT 4 BÓX 40180 MONTICELLO, FL STREET ADDRESS STREET ADDRESS 7030 ALHAMBRA DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL SD LAVIA, JOHN T. III 1503 LEE AVENUE TITLE TITÍ F ☐ Change — ☐ Addition Delete -NAME WRIGHT, ROBERT SCHEFFE NAME STREET ADDRESS STREET ADDRESS 3686 DWIGHT DAVIS DR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL TALLAHASSEE FL TX Change Addition TITLE ☐ Delete TITLE VPD NAME PARSONS, PHILIP S. NAME DEE, DAVID S. STREET ADDRESS 2086 W. FOREST DR. STREET ADDRESS 234 N. ROSEHILL DR. CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FL TALLAHASSEE FL TITLE ☐ Delete TITLE ☐ Change Addition NAME MCCORMACK, FRED STREET ADDRESS STREET ADDRESS 6075 MILLER LANDING COVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE **VPD** ☐ Delete TITLE ☐ Change ☐ Addition NAME DEE, DAVID S NAME STREET ADDRESS STREET ADDRESS 7010 DUCK COVE RD 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 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 attackment with an address, with all other like empowered.

(Philip S. Parsons)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE