FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # H93406 1. Entity Name 05-06-2002 90071 007 ***150.00 THE WALLOW CORP., INC. Principal Place of Business Mailing Address 7203 N. FLORIDA AVE. 7203 N. FLORIDA AVE. TAMPA FL 33604 TAMPA FL 33604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-1346391 Not Applicable Zip Country Zip 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 POTTS, DAVID C. Street Address (P.O. Box Number is Not Acceptable) 4102 N. FLORIDA AVE. TAMPA FL 33604 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ₹1. See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition Change ☐ Defete TITLE TITLE POTTS, DAVID C. NAME NAME STREET ADDRESS STREET ADDRESS 7203 N. FLORIDD AVE. CITY-ST-ZIP CITY-ST-ZIP tampa fl ☐ Addition Change SD ☐ Delete TITLE NAME NAME POTTS, JOE A. STREET ADDRESS STREET ADDRESS 7203 N. FLORIDA AVE. CITY-ST-ZIP CITY-ST-ZIP tampa fl ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 expowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNA WHE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23.02 (8/3) 239-11:61