FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # J03610** 1. Entity Name HIDDEN VALLEY, INC. 04-02-2001 90336 001 ***300.00 Principal Place of Business Mailing Address 4116 HWY. 231 N. 4116 HWY. 231 N. PANAMA CITY FL 32404-9235 PANAMA CITY FL 32404-9235 66919 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 59-2779686 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 HILTON, L. CHARLES, JR. Street Address (P.O. Box Number is Not Acceptable) 4116 HWY. 231 N. PANAMA CITY FL 32402 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete HILTON, L. CHARLES, JR. NAME NAME STREET ADDRESS 4116 HWY. 231 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL TITLE - X Delete TITLE ☐ Change Addition CASSIDAY, ROY NAME NAME STREET ADDRESS 4116 HWY. 231 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition TITLE STD Delete NAME HUMBLE, NICK NAME STREET ADDRESS 4116 HWY, 231 N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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