2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J11945 May 08, 2000 8:00 am Secretary of State 1. Entity Name DANT CORP. 05-08-2000 90110 016 ***150.00 Mailing Address Principal Place of Business % KENNETH E. ALLEN. JR. % KENNETH E. ALLEN. JR. 210 E. NORTH AVE. 210 E. NORTH AVE. LAKE WALES FL 33853-3218 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2665116 Not Applicable Country \$8.75 Additional Zip П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name ALLEN, K.E. JR. Street Address (P.O. Box Number is Not Acceptable) 210 E. NORTH AVENUE LAKE WALES FL 33853 Zip Code 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) 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, 2000 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 OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE NAME ALLEN, K.E. SR. NAME STREET ADDRESS 115 WYNDHAM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL Change ☐ Addition ☐ Delete TITLE ALLEN, MARGARET NAME NAME STREET ADDRESS 115 WYNDHAM DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER HAVEN FL TITLE ---☐ Addition D.-- - --Delete -☐ Change TITLE NAME ALLEN, K.E. JR. NAME STREET ADDRESS 3447 REDWOOD WAY STREET ADDRESS CITY-ST-7IP LAKE WALES FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-2000

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Daytime Phone #