DOCUMENT # J26348 1. Enlity Name									er seen			
E. DUGGAR, INC.												
Principal Place of Business Mailing Address							00 APR 12 PM 2: LL					
•		Ū										
180 TIMBERLA ALLAHASSEE I		1480 TIMBERLANE RD TALLAHASSEE FL 32312-1713				SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2. Principal Pl	lace of Business	3. Mailing Address										
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE						
City & State	9	City & State				4. FEI Number 59-2700647 Applied For Not Applicable						
Zip	Country	Zip	try	5. Certificate of					\$8.75 Add Fee Require			
	6. Name and Address of Current R	egistered Agent				7. Na	ame and Addr	ess of New	Registered	Agent	.,	
				Name	Ste	VZ	カル	OGAL	-			
DUGGAR, S.E. 3457 PACES FERRY RD TALLAHASSE FL 32308				Street A								
,,,				City	//	ماله	155EE	,	FL	Zip Cod		
The above	named entity submits this statement for	the purpose of changing its	register	ed office or	registere	d ager			lorida.		J./	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required 9. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00						when rein	10. Election	Campaign F		\$5.0	May Be	
(See criter	ia on back)	Make Check Payab	le to D	partmen	t of State							
11.	OFFICERS AND D		12.				DITIONS/CHAI	NGES TO OF	FFICERS AN			
TITLE	PD	Delete	TITL		PD			•			· Addition	
IAME Street address	DUGGAR, S.E.		NAM	ET ADDRESS	EUA	P_{i}	499AR					
CITY-ST-ZIP	2018 CHATSWORTH WAY TALLAHASSEE FL			-ST-ZIP	345		uggar Paces Issee,	F/	1322	72.		
TITLE	STD STD	Delete	TITL	 E	STL	<i>900</i>	SSEE			Change	Addition	
iAME	DUGGAR, EVA		NAM		62	י אנאנט	2 Ril	eu.	_ /		_	
STREET ADDRESS	2018 CHATSWORTH WAY		STRE	ET ADDRESS	743	57, 1	Cham	SIEE	Rc1.			
CITY-ST-ZIP	TALLAHASSEE FL		CITY	-ST-ZIP	TAI	<u>lahi</u>	455 <u>5</u> C	<u>, Fl.</u>	323			
UTLE	VP :	Delete :	TITL		D	. ,	_	τ		Change	Addition	
IAME	BAILEY, JOE		NAM	E Et address	EAN	e _{!4}	Duggi	AR.		<i>a.</i>	-	
STREET ADDRESS SITY-ST-ZIP	3853 WINDEMERE ROAD			-ST-ZIP	34	5//	PACE		PRY	808 308		
TITLE	TALLAHASSEE FLVP	Delete	TITL		1/4	-////	<u>и/₹> а е:</u> О	2 1 1	<u> جو د ،</u>	□ Change	Addition	
IAME	BAILEY, GENNY	Delete	NAM		1	12	20:1h		_	onlings	E 7.661.1611	
TREET ADDRESS	3853 WINDEMERE ROAD		STRE	ET ADDRESS	24	シ	Char	16/8	. Rol			
CITY-ST-ZIP	TALLAHASSEE FL		CITY	-ST-ZIP	1	-///	TASSE	E, F/	<u>(`3</u> ;	2 <i>308</i> _		
ITLE	-	☐ Delete	TITL	E	1	D /	, D	7	_	Change	Addition	
IAME		•	NAM		<+	2,10	e Dua	BR				
STREET ADDRESS				ET ADDRESS -ST-ZIP		348	PAUNT	e Pt	Court	- . 0'		
CITY-ST-ZIP			1		TA//	AhA	SSEE ,	17,	3230		☐ Addition	
iitle Name		☐ Delete	TITL		1		en.	<u>ነ</u> ተግምን ፡=) – 1 – 1	☐ Change 4 1 5 -	Addition Addition	
STREET ADDRESS				ET ADDRESS			70		, c. J. ≤ 8/00((4)	មារា	
CITY-ST-ZIP				-ST-ZIP			100		450.00	****15		
13. Thereby o	certify that the information supplied with t	his filing does not qualify for	r the exe	mption sta	ted in Sec	ction 1	19.07(3)(i). Flo	rida Statutes	s. I further ce	ertify that the in	nformation	
indicated	on this report or supplemental report is t poration or the receiver prostee empoy	rue and accurate and that r	nv siana	ture shall h	ave the s	ame le	edal effect as it	: made unde	er oath: that I	i am an officer	or director 1	

changed, or on an attachment w