2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J74232** Apr 10, 2000 8:00 am Secretary of State LIDDELL HOMES, INC. 04-10-2000 90093 030 ***150.00 Principal Place of Business Mailing Address 9501 NORMANDY BLVD. 9501 NORMANDY BILVD. P.O. BOX 5604 P.O. BOX 5604 JACKSONVILLE FL 32221-1426 JACKSONVILLE FL 32221 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2859219 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LIDDELL, ROBERT Street Address (P.O. Box Number is Not Acceptable) 9501 NORMANDY BLVD PO BOX 5604 JACKSONVILLE FL 32221 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 (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE ☐ Delete LIDDELL, ROBERT NAME NAME STREET ADDRESS 1563 PALM AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Changê ■ Addition TITI F LIDDELL, ROBERT ALLEN NAME NAME STREET ADDRESS 2420 GREEN SPRING DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P · Delete TITLE ☐ Change ☐ Addition TITLE 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 empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED MANE OF SIGNING OFFICER OR DIRECT

4-6-200

904-783-4607

Daytime Pho