2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # **J86624** Mar 08, 2000 8:00 am 1. Entity Name **Secretary of State** TJRR PROPERTIES, INC. 03-08-2000 90079 009 ***158.75 Principal Place of Business Mailing Address CORNER US 19 ST.RD.26 CORNER US 19 ST.RD.26 RT. 1. BOX 811 8751 NW 173RD STREET TRENTON FL 32693 TRENTON FL 32693-9218 2. Principal Place of Business 3. Mailing Address 751 NIL 5T.RD. 26 ORNER 1)5 19 Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE ANNING Applied For 4. FEI Number City & State City & State 59-2889480 Not Applicable \$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 Name CHASE, PHYLLIS ANN Street Address (P.O. Box Number is Not Acceptable) 8751 NW 173RD ST TRENTSN FL 32693 FANNING SPRINGS 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 (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPC TITLE TITLE Delete CHASE, RICHARD DEAN NAME NAME STREET ADDRESS 8751 NW 173RD ST STREET ADDRESS FANNING SPRINGS FL 32693 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE SULLIVAN, THOMAS JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1201 NE 180TH ST. CITY-ST-ZIP CITY-ST-ZIP NORTH MIMAI BEACH FL ☐ Change Addition Delete TITLE TITLE CHASE, PHYLLIS ANN NAME NAME STREET ADDRESS STREET ADDRESS 8751 NW 173RD ST CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE PAUL EARL CHASE NAME NAME STREET ADDRESS STREET ADDRESS 8751 NW 173RD ST CITY-ST-ZIP CITY-ST-ZIP TRENTON FL 32693 FANNING TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regioner 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

GIN URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 ANN CHASE 3/7/00 352-765 2016