2000 UNIFORM BUSINESS REPORT (UBR)

May 10, 2000 8:00 am Secretary of State DOCUMENT # **K36473** 05-10-2000 90145 044 ***150 00 HDW. INC. Principal Place of Business Mailing Address P.O. BOX 5231 P.O. BOX 5231 LAKELAND FL 33807-5231 LAKELAND FL 33807 655457 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2919587 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WHINNERY, HOWARD JON Street Address (P.O. Box Number is Not Acceptable) 3937 CHEVERLY DR EAST LAKELAND FL 33813 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) DATE 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition **PVT** ☐ Change ☐ Delete TITLE TITLE WHINNERY, JON H. NAME NAME STREET ADDRESS 3937 CHEVERLY DR EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Addition ☐ Delete ☐ Change TITLE WHINNERY, JON H. NAME NAME STREET ADDRESS STREET ADDRESS 3937 CHEVERLY DR EAST CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change 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 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 YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00

813, 220, 9500

Daytime Phone #

FILED