2000 UNIFORM BUSINESS REPORT (UB DOCUMENT # K46889 1. Entity Name H. J. SUTTON, INC.					FILED May 18, 2000 8:00 am Secretary of State 05-18-2000 90844 028 ***150.00				
Principal Place 1701 E SANTA I HIGH SPRINGS	Mailing Address P O BOX 1099 HIGH SPRINGS FL 32655-1099				03-18-2000 5	90844 028		.00	
US 2. Principal Pla 1701 E Suite, Apt. 4	3. Mailing Address Box K Suite, Apt. #, etc.	1099		DO NOT WRITE IN THIS SPACE					
High 3264	Springs, Fl. Country	$\begin{array}{c} 1^{\text{(ity & State}} \\ 1^{\text{(ity & State}} \\ 5^{\text{(ity & State}} \\ 3^{\text{(ity & State}} \\ 5^{\text{(ity & State}} \\ 5^{(ity & Sta$	5.5		 FEI Number Certificate of 	59-2921168 Status Desired	\$		
	6. Name and Address of Current Re	egistered Agent	Name	7	. Name and A	ddress of New Re	egistered Ag	ent	
SUTTON, ROBERT C 1701 E SANTA FE BLVD HIGH SPRINGS FL 32643			Street Address (P.O. Box Number is Not Acceptable)						
			City				FL	Zip Cod	e
8. The above	named entity submits this statement for the	he purpose of changing its regist	ered office or	registered	agent, or both,	in the State of Flo	rida.	L.,	
SIGNATURE _							DATE		
	Signature, typed or printed name of registered agent and	FILE NOW !!! FE	E IS \$150.0				-		
9. This corporation is eligible to satisfy its Intangible FILE NOW Tax filing requirement and elects to do so. After MAY 1, 2 (See criteria on back) Make Check Paya			e will be \$5	50.00 of State	Trust	ion Campaign Fina Fund Contribution	n.	Áddeo	O May Be to Fees
11. TITLE	OFFICERS AND DI			- p	OMIS	ANGES TO OFFI		Change	S IN 11
NAME STREET ADDRESS CITY - ST-ZIP	SUTTON, ROBERT C 22011 N.W. 218TH TERRACE HIGH SPRINGS FL	N S	AME IREET ADDRESS TY-ST-ZIP	14611	SPRING	bert C, 1, 218 T 5, F2.	32643		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sutton, R.C. 1701 E Santa FE BLVD High Springs FL 32643	N. S	TLE Ame Ireet address Ity-st-zip	V. P. R. P 1701 Heid	E. San SOKING	Sutton ta FE BI S FL. 3	vd. 2643	Change	Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		N N	TLE Ame Ireet address Ity-st-zip				····	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N SOLO	tle Ame Ireet address Ity-st-zip					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		N SUCC	TLE AME TREET ADDRESS ITY- ST- ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete T N S	ITLE AME TREET ADDRESS ITY - ST - ZIP					Change	Addition
13. I hereby c indicated of the corr	ertify that the information supplied with the on this report or supplemental report is the poration or the receiver or trustee empower or on an attachment with an address, with URE:	his filing does not qualify for the e rue and accurate and that my sign rered to execute this report as rec	xemption state nature shall ha juired by Cha	ave the sar	me legal effect :	as if made under C	ath; that I an e appears in 904	n an officei	or airector

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