2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2000 8:00 am
Secretary of State
06-07-2000 90437 041 ***150.00

DOCUMENT # K60874

1. Entity Name

CUTLER MANUFACTURING ACQUISITION CORP.

Principal Place of Business	Mailing Address
3420 FLIGHTLINE DR. LAKELAND, FL 33811 US	3420 FLIGHTLINE DR. LAKELAND, FL 33811 US

B0100658

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-2929351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAM KENT IHRIG, ESQ. BROAD & Cassel 100 N. TAMPA ST., SUITE 3500 TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: [signature] 4/28/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

William Kent Ihrig

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

OFFICERS AND DIRECTORS	12. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11
D HOLDER, HAROLD D JR. 3420 FLIGHTLINE DR. LAKELAND, FL ST ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP ☐ Change ☐ Addition
PD WHITLEY, CARL W. 3420 FLIGHTLINE DR. LAKELAND, FL ST ZIP ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP ☐ Change ☐ Addition
CDS HOLDER, SR., HAROLD D 3420 FLIGHTLINE DR. LAKELAND, FL ST ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP ☐ Change ☐ Addition
ST ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP ☐ Change ☐ Addition
ST ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP ☐ Change ☐ Addition
ST ZIP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY - ST - ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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] ASSISTANT SEC'Y 4/28/00 813-225-3020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #