FILED 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR Mar 07, 2003 8:00 am Secretary of State K72302 **DOCUMENT #** 1. Entity Name 03-07-2003 90085 045 ***150.00 STROBEL AND HUNTER, INC. Principal Place of Business Mailing Address 715 E. GADSDEN ST 715 E. GADSDEN ST PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-0087397 Zip Country Zip Country \$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 STROBEL, STANLEY L. Street Address (P.O. Box Number is Not Acceptable) 715 E. GADSDEN ST PENSACOLA FL 32501 City 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. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable.

11.

(NOTE: Registered Agent signature required when reinstating)

10.

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

FILE NOW!!! FEE IS \$150.00

OFFICERS AND DIRECTORS

9. Election Campaign Financing Trust Fund Contribution.

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

\$5.00 May Be Added to Fees

Applied For

Not Applicable

NAME STREET ADDRESS CITY-ST-ZIP	STROBEL, STANLEY L 319 NORTH SUNSET BLVD. GULF BREEZE FL 32561	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition	100/01/02/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUNTER, GEORGE E. JR. 241 DEEFOOT LANE CANTONMENT FL 32533	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	1000
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TITLE		☐ Delete	TITLE	100	☐ Change	Addition	

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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 10 or Block 11 if

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

Change

☐ Addition