Principal Place of Business       Mailing Address         Wincipal Place of Business       Mailing Address         Storth FRANKLIN ST       20 SOUTH FRANKLIN ST         TAMPA FL 33602       TAMPA FL 33602         Suite, Apt. #, etc.       Suite, Apt. #, etc.         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       Curitry         Zip       Country         Zip       Country         Zip       Country         Zip       Country         Zip       Country         And Address of Current Registered Agent       T. Name and Address of New Registered Agent         MAIL       Name         HADLOW, RICHARD B.       Street Address (P.O. Box Number Is Not Acceptable)         City & State       City Code         City & Tampa FL 33602       City Code         TAMPA FL 33602       Name         Street Address (P.O. Box Number Is Not Acceptable)       Street Address of New Registered Agent         Street Address (P.O. Box Number Is Not Acceptable)       City 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       Street Address TO OFFICERS AND DIRECTORS         10. Electon Compagen Financing		May 20, 2002 8:00 am Secretary of State 05-20-2002 90033 020 ***150.00	
Suffe, Apt. #, etc.       DO NOT WRITE IN THIS SPACE         City & State       4. FEI Number       59-2957284       Applied For         Zip       Country       5. Certificate of Status Desired       S8.75 Additional Fee Required       Applied For         Zip       Country       5. Certificate of Status Desired       S8.75 Additional Fee Required       Applied For         *.6. Name and Address of Current Registered Agent       7. Name and Address of New Registered Agent       Name         HADLOW, RICHARD B.       220 SOUTH'FRANKLIN ST       Name       Name         TAMPA FL 33602       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered Agent sphatus required when reinstating)       Date         9. This corporation is eligible to satisfy its intangible Tax fling requirement and clocts to do so.       City       FLE S \$150.00 Atter May 1, 2002 Fee will be \$550.00 Atter May 1, 2002 Fee will be \$550.00 Att	SOUTH FRANKLIN ST		
Zip       Country       Zip       Country       S. 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       Name         HADLOW, RICHARD B.       Street Address of New Registered Agent       Name         220 SOUTH' FRANKLIN ST       Name       Street Address (P.O. Box Number is Not Acceptable)         TAMPA FL 33602       City       FL       Zip Code         8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating)       DATE         9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 Make Check Payable to Department of State       10. Election Campaign Financing Crust Fund Contribution.       \$5.00 May Be Addres to OPFICERS AND DIRECTORS         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OPFICERS AND DIRECTORS IN 11         ITHE       BUSCIGLIO, MANUEL       STREET ADDRESS CITY-ST-2P       INAME       STREET ADDRESS CITY-ST-2P         NAME       DVPS       Delete       TITLE       Change       Additional Address of New Registered Agent Additional Address (P.O. Box Number is Not Acceptable)			
Zip       Country       Zip       Country       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       Name         HADLOW, RICHARD B.       Street Address of New Registered Agent       Name         220 SOUTH' FRANKLIN ST       Name       Street Address (P.O. Box Number is Not Acceptable)         TAMPA FL 33602       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.       Street Address (P.O. Box Number is Not Acceptable)         SIGNATURE       Signature. typed or printed name of regetered agent and tile if applicable.       (NOTE Registered Agent signature required when reinstainting)       DATE         9. This corporation is seligible to satisfy its intangible       FILE NOW!!! FEE IS \$150.00       10. Election Campaign Financing       \$5.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       Street Address       Change       Addition         NAME       SUSCIGLIO, MANUEL       STREET ADDRESS       CitY-ST-2P       Change       Addition         NAME       BUSCIGLIO, MANUEL       TITE       Delete       TITE       Change       Addition	ty & State	or 1	
So Ar S Additional Fee Required     So Ar S Additional Fee Required     So Ar S Additional Fee Required     So Addit Fee Required     So Additional Fee Required     So Additional Fe	p Country		
HADLOW, RICHARD B.       220 SOUTH' FRANKLIN ST         TAMPA FL 33602       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, typed or printed name of registered agent and tile if applicable.       (NOTE: Registered Agent signature required when reinstating)         9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.       Stee I NOW!!! FEE IS \$150.00         After May 1, 2002 Fee will be \$550.00       Make Check Payable to Department of State         11.       OFFICERS AND DIRECTORS       12.         ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       STREET ADDRESS         307 N. GOMEZ AVE       City Street Address       City Change         OVPS       Inte       Oreage         NAME       Delete       Tit.E         NAME       Delete       Tit.E			
HADLOW, RICHARD B.       Street Address (P.O. Box Number is Not Acceptable)         220 SOUTH FRANKLIN ST TAMPA FL 33602       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	6. Name and Address of Current Address of Curren		
City  FL Zip Code  A City  FL Zip Code  FL Zip Code FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code FL Zip Code FL Zip Code  FL Zip Code  FL Zip Code  FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL Zip Code FL	220 SOUTH FRANKLIN ST TAMPA FL 33602		
SIGNATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature required when reinstating)       DATE         9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)       FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State       10. Election Campaign Financing Trust Fund Contribution.       \$5.00 May Be Added to Fees         11.       OFFICERS AND DIRECTORS       12.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11         IIILE       DPT       Election, MANUEL       STREET ADDRESS       OTH STREET ADDRESS       OTH STREET ADDRESS         017 - ST-ZIP       TAMPA FL       Delete       TITLE       DVPS       Delete       TITLE         NAME       DVPS       Delete       TITLE       NAME       Change       Adddtite	<u>)</u>		
DPT     Change     Addition       NAME     BUSCIGLIO, MANUEL     Change     Addition       STREET ADDRESS     307 N. GOMEZ AVE     STREET ADDRESS     Citry-st-zip       TITLE     DVPS     Delete     Title       NAME     HANKINS, CARL E     Delete     Title	nis corporation is eligible to satisfy its Intang ax filing requirement and elects to do so. See criteria on back)		
NAME     BUSCIGLIO, MANUEL       STREET ADDRESS     307 N. GOMEZ AVE       CITY-ST-ZIP     TAMPA FL       TITLE     DVPS       NAME     Delete       HANKINS, CARL E     NAME		dition 5	
NAME HANKINS, CARL E	ADDRESS 307 N. GOMEZ AVE	CR2E034 (9/ 00110	
City-st-zip TAMPA FL City-st-zip	ADDRESS HANKINS, CARL E 16403 SHAGBARK PL	lition B	
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