| | 020558 | | May 24, 2002 8:00 Secretary of State | |
|--|--|--|---|-----------|
| WORKHORSE INDUSTRIES, LLC | | | 04-17-2002 90022 045 ****50.00 | |
| | $\overline{}$ | | | |
| Principal Place of Business | Mailing Address | ····· | | |
| 27 20TH ST. N. ACKSONVILLE BEACH FL 32250 | 827 2011 ST. N. JACKSONVILLE BEACH | 4 51 22250 | | |
| | | TE SEEN | | |
| Principal Place of Business | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | Sulte, Apt. #, etc. | ····· | | |
| City & State | City & State | | DO NOT WRITE IN THIS SPACE | |
| | | | 4. FEI Number 59-3160801 Applied For Not Applicab | ke |
| | Zip | Country | 5. Certificate of Status Desired Status Desired Fee Required | |
| 6. Name and Address of Current | Registered Agent | Neme | 7. Name and Address of New Registered Agent | |
| WILSON, GLYNN R 827 20TH ST. N. | | Street Addre | ass (P.O. Box Number is Not Acceptable) | |
| JACKSONVILLE BEACH FL 32250 | | | | 4 |
| | | City | FL Zip Code | - |
| The above named entity submits this statement fo | with a surger of above in - | | | _ |
| • | a me burbose or cosoding | its registered office or regi | istered agent, or both, in the State of Florida. | 7 |
| NATURE | | | | |
| | and the if applicable. (All | OTE: Registered Agent signature req | julied when (einstating) DATE | |
| NATURE | and the if applicable. (N FILE I Make Check F | OTE: Registered Agent signature req NOW!!! FEE IS \$50.0 Payable to Departmen | suffect when reinszetsing) DATE | |
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