2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # L21149 04-19-2004 90423 001 ***150.00 PERIMETER PLANTATION, INC. 04-19-2004 90423 002 *****8.75 Principal Place of Business Mailing Address 8705 PERIMETER PARK BLVD. 8705 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 JACKSONVILLE, FL 32216 2. Principal Place of Business 3. Mailing Address 8711 PERIMETER PARK BLVD 8711 PERIMETER PARK BLVD. Suite, Apt. #, etc. Suite, Apt. #, etc. 04142004 CR2E034 (10/03) Chg-P SUITE 11 SUITE 11 City & State City & State 4. FEI Number Applied For JACKSONVILLE, JACKSONVILLE, FL FL59-2972990 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 瑈 32216 32216 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FORT, DONALD C. FORT, DONALD C. Street Address (P.O. Box Number is Not Acceptable) 8711-11 PERIMETER PARK BLVD 8705-8 PERIMETER PARK BLVD JACKSONVILLE, FL 32216 City ^zig 2216 JACKSONVILLE 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 the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change Addition TYE, GAIL D NAME TYE, GAIL D. NAME STREET ADDRESS 8705-8 PERIMETER PARK BLVD. STREET ADDRESS 8711-11 PERIMETER PARK BLVD. City-St-7lp JACKSONVILLE, FL CITY-ST-7IP JACKSONVILLE, FL TITLE ☐ Delete TITLE X Change ☐ Addition FORT, DONALD C. NAME NAME FORT, DONALD C. STREET ADDRESS 8705-8 PERIMETER PARK BLVD STREET ADDRESS PERIMETER PARK VILLE, FL 32216 CITY-ST-ZIP JACKSONVILLE, FL CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ CITY-ST-ZIP-TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P ☐ Delete ☐ Change □ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. 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 nent with an address, with all other like empowered. SIGNATURE: NG OFFICER OR DIRECTOR

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