2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # L98692** BERRYHILL, HOFFMAN & COMPANY, P.A. Principal Place of Business Mailing Address 107 NE 1ST AVE **107 NE 1ST AVE** OCALA FL 32670-3661 OCALA FL 34470-6655 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip*** ----Country- ----34470-6661 34470-6661 6. Name and Address of Current Registered Agent Name

BERRYHILL, MICHAEL W

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

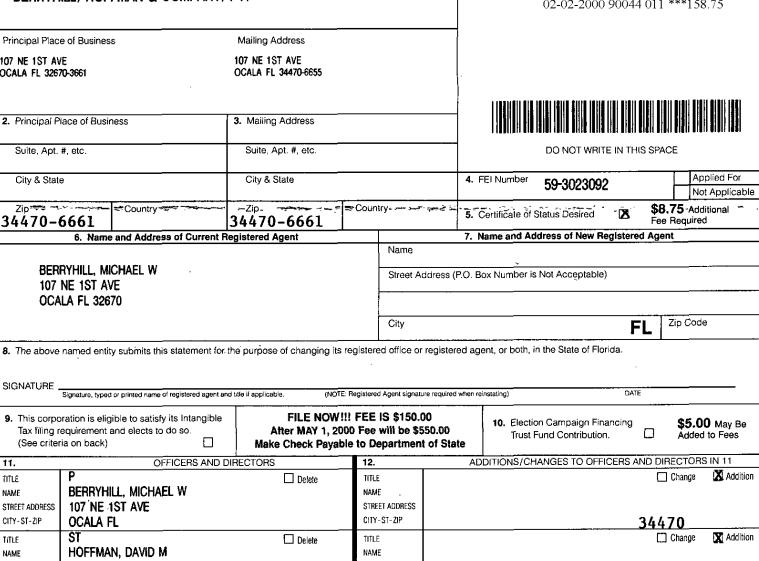
Signature, typed or printed name of registered agent and title if applicable.

107 NE 1ST AVE **OCALA FL 32670**

SIGNATURE

FILED Feb 02, 2000 8:00 am Secretary of State

02-02-2000 90044 011 ***158.75



(See Chier	ia on back)	Make Check Payable	to neharment	UI State			
11,	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		IS IN 11	
TITLE	P	☐ Delete	TITLE			☐ Change	🔀 Addition
NAME	BERRYHILL, MICHAEL W		NAME .				
STREET ADDRESS	107 NE 1ST AVE		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP			34470 _	
TITLE	ST	☐ Delete	TITLE			Change	X Addition
NAME	HOFFMAN, DAVID M		NAME				
STREET ADDRESS	107 NE 1ST AVE		STREET ADDRESS				
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NAME	CRABB, SUSAN D		NAME			•	
STREET ADDRESS	107 NE 1ST AVE		STREET ADDRESS				
CITY-ST-ZIP	OCALA FL		CITY-ST-ZIP			34470	
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FILE NOW!!! FEE IS \$150.00

Atter MAY 1, 2000 Fee will be \$550.00

13. I hereby certify that the information supplied with this filling 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 acceptate 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 attacher by the true of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE: 1

MICHAEL W. BERRYHILL

(352) 622-4220