2000 UNIFORM BUSINESS REPORT (UBR)

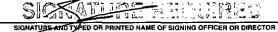
FILED Apr 27, 2000 8:00 am Secretary of State **DOCUMENT # M64607** 1. Entity Name MAYO CHEMICAL, INC. 04-27-2000 90031 026 ***150.00 Principal Place of Business Mailing Address RR 3 BOX 47H RR 3 BOX 47H MONTICELLO FL 32344 MONTICELLO FL 32344-9417 ACO47704 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2868013 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, SYLVIA A. Street Address (P.O. Box Number is Not Acceptable) RT. 3, BOX 47-H (U.S. 27) MONTICELLO FL 32344 Zip Code City Fl 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition ☐ Delete TITLE TITLE WIEHAUS, DONNA JEAN NAME STREET ADDRESS 950 E. WASHINGTON STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL Change ☐ Delete TITLE Addition TITLE SHAW, MIKE NAME NAME STREET ADDRESS CORNER OF TAR AND FLOYD STREET ADDRESS CITY-ST-7IP MAYO FL CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME WALKER, SYLVIA A. NAME STREET ADDRESS STREET ADDRESS RT. 3, BOX 47H CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



4-19-2000 912-346.3561