2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # M78180 Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** CONDEV/WALKER, INC. 03-04-2000 90063 042 ***150.00 Principal Place of Business Mailing Address 2479 ALOMA AVE PO 8X 1748 WINTER PARK FL 32790-1748 WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2883651 Not Applicable Zip Country 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 GARDNER, ROBERT N Street Address (P.O. Box Number is Not Acceptable) 2479 ALOMA AVENUE WINTER PARK FL 32792 Zip Code 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) 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. Addition DP Change ☐ Delete TITLE TITI F GARDNER, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 2479 ALOMA AVENUE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete Change Addition TITLE TITLE GARDNER, ROBERT N NAME NAME STREET ADDRESS STREET ADDRESS 2479 ALOMA AVENUE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME WALKER, R LANCE NAME STREET ADDRESS STREET ADDRESS 931 N PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FISHER, JOSEPH A III NAME STREET ADORESS STREET ADDRESS 931 N PENNSYLAVNIA AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete Change ☐ Addition TITLE TITLE SECRIST, ROBERT L JR. NAME STREET ADDRESS STREET ADDRESS 1025 WILKINSON ST. CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR