2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # M82396** LAKE JACKSON 76. INC. 04-02-2001 90098 046 ***150.00 Principal Place of Business Mailing Address 5670 N. MONROE ST. 1010 MIMOSA DR. TALLAHASSEE FL 32303 TALLAHASSEE FL 32312-3014 C0039455 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2866964 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRELL= E-W---Street Address (P.O. Box Number is Not Acceptable) 1010 MIMOSA DR TALLAHASSEE FL 32312 City Zip Code 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. ND CHANGE SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) TS ☐ Delete TITLE ☐ Change Addition TITLE MCGREGOR, RUSSELL M NAME NAME STREET ADDRESS STREET ADDRESS 3102 ORTEGA DRIVE CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition TITLE ☐ Delete WINTERLE, CHARLES J. NAME NAME STREET ADDRESS 609 PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL ☐ Change ☐ Addition TITLE ☐ Delete NAME CARRELL, E W NAME STREET ADDRESS STREET ADDRESS 1010 MIMOSA DR CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32312 TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition 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 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.

Kussell M. McGREGOR 75 3/27/01 850-566-0131