2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am Secretary of State **DOCUMENT # M93528** SOUTHERN MOTORS, INC. 05-03-2000 90118 033 ***150.00 Principal Place of Business Mailing Address 3986 DOMESTIC AVE. 3986 DOMESTIC AVE. NAPLES FL 34104-3618 NAPLES FL 34104 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0065979 Not Applicable Country Zip \$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 DONOVAN, WILLIAM A. Street Address (P.O. Box Number is Not Acceptable) 2664 AIRPORT ROAD, SOUTH NAPLES FL 33962 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. SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2000 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. Change Addition ☐ Delete TÌTI F TITLE BEATTY, JERRY T. NAME STREET ADDRESS 101 FOREST LAKES BLVD. A-102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34105 ☐ Addition ☐ Delete TITLE BEATTY, DAVID M. NAME STREET ADDRESS 8124 LAS PALMAS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34109 ☐ Change ☐ Addition ☐ Delete TITLE BEATTY, JERRY T NAME NAME 101 FOREST LAKES BLVD. A-102 STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34105 CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CIONATUDE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAND OF SIGNING OFFICER OR DIRECTOR

T. BEATTY 4-24-2000

941-403-7677

Daytime Phone #