2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # M99744** 1. Entity Name MEC OF PENSACOLA, INC. 04-18-2001 90036 009 ***158.75 Principal Place of Business Mailing Address C/O RUSHING, DONALD L. C/O RUSHING, DONALD L. 1701 WEST GARDEN ST. 1701 WEST GARDEN ST. PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FÉI Number 59-2945870 Not Applicable Zip 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 RUSHING, L. DONALD 1701 WEST GARDEN STREET PENSACOLA FL 32501 My 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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 Change Delete TITLE TITLE NAME RUSHING, L. DONALD NAME STREET ADDRESS STREET ADDRESS 1701 WEST GARDEN CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Director President Change ☐ Addition 1 Dr ☐ Delete TITLE TITLE Gilbert O. Bennett BENNETT, GILBERT O. NAME NAME 1701 West Garden STREET ADDRESS STREET ADDRESS 1701 WEST GARDEN CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL Director / Sec. 11 ☐ Addition TITLE-DST .- Delete TITI F Change Robert S. Davis NAME NAME DAVIS, ROBERT S. STREET ADDRESS 170 l STREET ADDRESS 1701 WEST GARDEN CITY-ST-ZIP Fl 32501 CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME 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.

SIGNATURE: