2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 11, 2002 8:00 am DOCUMENT # N0000002567 1. Entity Name **Secretary of State** PERRY SHRINE CLUB HOLDING CORPORATION 02-11-2002 90177 004 ****61.25 Principal Place of Business Mailing Address PO BOX 1076 3338 SULLIVAN ROAD PERRY FL 32348 PERRY FL 32327 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3643230 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ROWELL, IVAN W 3338 SULLIVAN ROAD PERRY FL 32327 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Late 18 1977 COFFICERS AND DIRECTORS 11. 10. Addition (9/01)☐ Change ☐ Delete TITLE TITI F Sammy Hunter Po. Box 1074 CARLTON, SAMUEL P NAME NAME PO BOX 1076 STREET ADDRESS STREET ADDRESS Perry, Fl 32348 CITY-ST-ZIP PERRY FL 32348 CITY-ST-ZIP ☐ Change Addition . ☐ Delete TITLE Jim Towles P.O. Box 1076 TITLE WACHA, DONALD NAME NAME PO BOX 1076 STREET ADDRESS STREET ADDRESS PERRY FL 32348 ____ CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WALKER, CHARLES J NAME NAME PO BOX 1076 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL 32348 ☐ Change ☐ Addition ☐ Delete TITLE TOWLES, MARTIN A NAME NAME STREET ADDRESS PO BOX 1078 STREET ADDRESS CITY-ST-ZIP PERRY FL 32348 CITY-ST-ZIP Delete Delete ☐ Change ☐ Addition TITLE HENDRY, JARED NAME NAME PO BOX 1076 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PERRY FL 32348 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE PARRISH, KAY NAME NAME PO BOX 1076 STREET ADDRESS STREET ADDRESS **PERRY FL 32348** CITY-\$T-ZIP CITY-ST-ZIP 12. 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 it 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TRETIVAN W. Rowell 1/25/02