2001 UNIFORM BUSINESS REPORT (UBR) FILED Jun 17, 2001 08:00 AM N0000002996 DOCUMENT # 1. Entity Name **Secretary of State** CARE FOR WHEAT, INC. Principal Place of Business Mailing Address 2828 BANCHORY ROAD 2828 BANCHORY ROAD WINTER PARK FL WINTER PARK 32792 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For X Not Applicable Zip Country 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 GARDNER WALTER Street Address (P.O. Box Number is Not Acceptable) 2828 BANCHORY ROAD WINTER PARK FL32792 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. 06/17/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D ☐ Delete TITLE D Change ☐ Addition NAME NAME GARDENER WALTER GARDNER WALTER STREET ADDRESS STREET ADDRESS 2828 BANCHORY ROAD 2828 BANCHORY ROAD CITY-ST-ZIP CITY-ST-ZIP WINTER PARK WINTER PARK FL 32792 FT. 32792 TITLE ☐ Delete TITLE X Change ☐ Addition NAME GARDENER EILEEN NAME GARDNER FILEEN STREET ADDRESS STREET ADDRESS 2828 BANCHORY ROAD 2828 BANCHORY ROAD CITY-ST-ZIP WINTER PARK FL. 32792 CITY-ST-ZIP WINTER PARK FL. 32792 TITLE Delete TITLE Change ☐ Addition NAME FINK LORRAINE NAME STREET ADDRESS 811 N 2 STREET STREET ADDRESS CITY-ST-ZIP BISMARCK CITY-ST-ZIP ND 58501 TITLE Delete TITLE Change Addition 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 TITLE □ Delete TITLE Change Addition

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 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 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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

Walter C. Gardner

Sec

06/17/2001

CR2E037 (11/00)