2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N00000006811

FILED Jun 03, 2002 8:00 am Secretary of State

1. Entity Name 05-01-2002 91556 010 ****61.25 PAUL LEO HAYWOOD MEMORIAL SCHOLARSHIP FUND, INC. Principal Place of Business Mailing Address 1725-3 PARKMEADOWS DR 1725-3 PARKMEADOWS DR 91133 FT MYERS FL 33907 FT MYERS FL 33907 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 65-1055805 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent _ Name JUNGLE, HANK Street Address (P.O. Box Number is Not Acceptable) 1725-3 PARKMEADOWS DR FT MYERS FL 33907 Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ■ Addition 6)(0) NAME JUNGLE HANK NAME STREET ADDRESS 1725-3 PARKMEADOWS DR STREET ADDRESS CR2E037 CITY-ST-7P FT MYERS FL 33907 CITY-ST-7IF TITLE ☐ Delete TITLE Change ☐ Addition NAME JUNGLE, PATSY NAME STREET ADDRESS 1725-3 PARKMEADOWS DR STREET ADDRESS CITY-ST-ZIP ET.MYERS FL 33907-CITY-ST-ZIP TITLE . Delete TITLE Change Addition KELLY-DANIEL HALI STREET ADDRESS 15048 TAMARIND CAY CT STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deleta ☐ Change Addition NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 eath; 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

HHachment 91133 June 1, 2002 Patricia M Jungle 1725-3 Park Meadows Fit Myers 1910 33907 Ct. Dorument # N0000006-811 FEI # 1055805 10, Letter # 50/400060236 Flease check your records, We paid Dofs. \$61,35 on 4/26/2001. Received letter that Corporation had not filed 2001 report. Sent cheek on 10/12/200/for 236,25 to be reinstated, Enclosed capy of cheeks. Thank you Patrick M Jungli Trustie 239-939-4568