2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N36418** Aug 25, 2000 8:00 am Secretary of State THE MARGARETTA VAN R. SCHUYLER AND WILLIAM B. ANDERSON 08-25-2000 90005 040 ****61.25 Mailing Address Principal Place of Business C/O JOHN B GAY 2037 1 AVE N 8250 28TH AVE N ST PETERSBURG FL 33713 ST PETERSBURG FL 33710-2812 2. Principal Place of Business 10833 70 3., Mailing Address SAMe DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FÉI Number 59-3005308 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 POPE, ROBERT W. 2037 1 AVE N ST PETERSBURG FL 33713 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE TITLE Detete NAME NAME JOHN B. GAY 316 21st Ave N. E. STREET ADDRESS STREET ADDRESS 8250 28TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete ☐ Addition TITLE TITLE NAME DUNNE, JOHN NAME 10833 704 Ave N. STREET ADDRESS STREET ADDRESS 11549 48TH AVE N --CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL. Change ☐ Addition Delete TITLE TD NAME DOROTHY ABBOTT 4820 N. Highland Ave. STREET ADDRESS STREET ADDRESS 5506 BRANCH AVE CITY-ST-7IF CITY-ST-ZIP TAMPA FL Change ☐ Addition ☐ Delete TITLE TIM Mc CORMICK NAME TIM MCCORMICK 2797 SEABREEZE DR.S. 4401-37TH-STREET-SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33707 Gulfport, st. Petersburg fl Change ☐ Addition Delete Robert W Pop NAME NAME POPE, ROBERT W 6060 Shore STREET ADDRESS STREET ADDRESS 2037-1ST AVE-N CITY-ST-ZIP CITY-ST-ZIP ST-PETERSBURG F TITLE ☐ Addition TITLE ☐ Delete NAME NAME MOLL, KATHY STREET ADDRESS STREET ADDRESS 6900 20TH ST. 5 CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33712 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 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 a prince like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR