2004 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am Secretary of State DOCUMENT # N93000003172 05-15-2001 90198 006 ****61.25 THE BRIDGEWAY HOUSE, INC. Principal Place of Business Mailing Address 707 WEST DELAWARE 2909 GRADY RD **บยบว**ี3396 TALLAHASSEE FL 32304 TALLAHASSEE FL 32312 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 59-3197892 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 Street Address (P.O. Box Number is Not Acceptable) JOHNSON, JOSEPHINE 2909 GRADY ROAD TALLAHASSEE FL 32312 Zin 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE Change ☐ Addition MURPHY, HENRY MR. NAME NAME 1102 HARLEM ST STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32310 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change 2022 HilkBorough St. HARRIS, LESLIE NAME STREET ADDRESS 2022 HILLSBOROUGH STREET STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32310 CITY-ST-ZIP TITLE Change ☐ Addition Delete 🕽 MATHIS, ERNEST NAME STREET ADDRESS 644 W. BREVARD ST. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32304 CITY-ST-ZIP 4155EE ☐ Delete TITLE Change Addition JOHNSON, JOSEPHINE MS. NAME NAME STREET ADDRESS 2909 GRADY ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE JONES, MARRA NAME NAME S€C. STREET ADDRESS 2909 GRADY ROAD STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32312 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition DICKENS, BILLY NAME NAME STREET ADDRESS 2426 BUTTON BUSH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL

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 of 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. SIGNATURE: