DOCUMENT # **N97000005362** FILED Jan 12, 2000 8:00 am GALT ISLAND AVENUE PROPERTY RIGHTS GROUP, INC. **Secretary of State** SHELL COTT OF BURNING 01-12-2000 90110 021 ****61.25 Principal Place of Business Mailing Address 3861 GALT ISLAND AVENUE 3861 GALT ISLAND AVENUE ST. JAMES CITY FL 33956-2321 ST. JAMES CITY FL 33956 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0787048 Not Applicable Zip Country Zip Country \$8.75 Additional 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) BUCHANAN, PHILLIP G 3861 GALT ISLAND AVENUE ST. JAMES CITY FL 33956 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Delete TITLE ☐ Change ☐ Addition TITLE BUCHANAN, PHILLIP G NAME NAME 3861 GALT ISLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY.-ST-ZIP ST JAMES CITY FL 33956 DV TITLE ☐ Delete ☐ Change ☐ Addition NAME AMOS. ALFRED S. STREET ADDRESS 4081 GALT ISLAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST JAMES CITY FL 33956 D۷ □ Change □ Addition TITLE TITLE ☐ Delete PARKER, SCOTT NAME NAME STREET ADDRESS 3901 GALT ISLAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST JAMES CITY FL 33956 TS Delete TREASURER TITLE TITLE Steve Edmond vanhandel, kathy NAME NAME STREET ADDRESS 4131 GALT ISLAND AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ST JAMES CITY FL 33956 ☐ Change ☐ Delete TITLE TITLE TREAS URCR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 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 addition

SIGNATURE AND TYPED O

SIGNATURE: