2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

May 01, 2003 8:00 am Secretary of State DOCUMENT # P00000016863 05-01-2003 90809 024 ***150.00 1. Entity Name DESTIN'S WELL & PUMP, INC. Principal Place of Business Mailing Address 4269 CAMELLIA CIRCLE, E. 4269 CAMELLIA CIRCLE, E. JACKSONVILLE, FL 32207 JACKSONVILLE, FL 32207 2. Principal Place of Business 3. Mailing Address _Sulte, Apt. #, etc. Suite, Apt_#, etc. _ ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3625548 Not Applicable 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 Name ADAMS, MICHEALYN C 1125 13TH AVENUE, NORTH Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE BEACH, FL 32250 CIN 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when exinstating) DATE FILE NOWIII FEE IS \$150.00 . After May 1, 2003 Fee will be \$550.00 . Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete Addition CR2E034 (10/02) THE ☐ Change TITLE DESTIN, PAUL A NAME NAME STREET ADDRESS 4269 CAMELLIA CIRCLE, E. STREET ADDRESS CITY-ST-2P JACKSONVILLE, FL 32207 City-St-ZIP Addition TITLE Delete TRIE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP City-St-7IP 1:THE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP COY-ST-7(P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P City-St-7(P TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition HALLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2P CITY-ST-2IP

12. Thereby 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 607, 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.