| 2002 UNI  | FUNIM BUSI                            | Mar 03, 2002 8:00 am<br>Secretary of State |          |  |  |                                |                      |  |  |  |
|---|---------------------------------------|--|----------|--|--|--------------------------------|----------------------|--|--|--|
| DOCUMENT  1. Entity Name  | # P0000                               |  |          |  |  |                                |                      |  |  |  |
| POLK COUNTY L   | AND COMPANY, IN                       | IC.  | 03-0     | 03-2002 90127 017                                  | 7 ***150.00  |                                |                      |  |  |  |
|   |                                       |  | -        | <u>-</u>   |  |                                |                      |  |  |  |
| Principal Place of Busines  | s                                     | Mailing Address                            |          |  |  |                                |                      |  |  |  |
| 316 EAST PINE STREET 316 EAST PINE STREET   |                                       |  |          |  |  |                                |                      |  |  |  |
| ORLANDO FL 32801 ORLANDO FL 32801   |                                       |  |          |  |  |                                |                      |  |  |  |
|   |                                       |  |          |  |  |                                |                      |  |  |  |
| 2. Principal Place of Busin   | 3. Mailing Address                    |  |          | -  | 08171 <b>00</b> 711 <b>98</b> 117 <b>60</b> 711 <b>9814</b> 1 71 | OBY IDIO, WAID IDIN DOW IDD    |                      |  |  |  |
| 1(1411   AKF 1  | P 0 Box 120786                        |  |          |  |  |                                |                      |  |  |  |
| Suite, Apt. #, etc.   |                                       | Suite, Apt. #, etc.                        |          |  | DO NOT WRITE IN THIS SPACE                                       |                                |                      |  |  |  |
| City & State  | City & State                          |  |          | 4. FEI Number                                      |  | Applied For                    |                      |  |  |  |
| CLERMONT, F   | CLERMONT, FLORIDA                     |  |          | 59-  | 59-3637210 Not Applica   |                                |                      |  |  |  |
| Zip   | Country                               | Zip  | Country  |  | 5. Certificate of Status   |                                | 8.75 Additional      |  |  |  |
| 3471!-0786  | AKF<br>and Address of Current F       | 34712-0786                                 | LAK      | <u>E</u>   | 7. Name and Address of New Registered Agent                      |                                |                      |  |  |  |
| U. INDINE   | and Address of Current                | registered Agetit                          |          | Name   | 7. Namo and Address  | o new neglatered A             | <u> </u>             |  |  |  |
| OSWALT, RICHARD E   |                                       |  |          |  | 111 × (0.0 B. Al about 112)                                      |                                |                      |  |  |  |
| 10411 LAKE LOUISA ROAD  |                                       |  |          | Street Address (P.O. Box Number is Not Acceptable) |  |                                |                      |  |  |  |
| CLERMONT FL 34712-0786  |                                       |  |          |  | ·  |                                |                      |  |  |  |
|   |                                       |  |          | City   |  | FL                             | Zip Code             |  |  |  |
| 8. The above named entit  | y submits this statement for          | the purpose of changing its                | register | ed office or regist                                | ered agent, or both, in the                                      | State of Florida.              |                      |  |  |  |
| <i>a</i> ·  | 1 De D.                               | 4 7.                                       | 1.       | a/ r   | 10011  | 2 - 4                          | 0 13                 |  |  |  |
| SIGNATURE Signature, typed  | or printed name of registered agent a | nd title if applicable. (NOTE              | C / ) /  | タド   | OS WAIT  ad when reinstating)                                    | DATE                           | 8-02                 |  |  |  |
| • This assumption is alto   |                                       | EII E NOW!                                 |          | 10 0150 00   | T  |                                |                      |  |  |  |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  FILE NOW!!!  After May 1, 2002 |                                       |  |          |  |  | mpaign Financing Contribution. | <b>\$5.00</b> May Be |  |  |  |
| (See critéria on back) Make Check Payable   |                                       |  |          |  | ate  | Contribution.                  | Added to Fees        |  |  |  |
| 11.   | OFFICERS AND I                        | DIRECTORS                                  | 12.      |  | ADDITIONS/CHANGE   | ES TO OFFICERS AND I           | DIRECTORS IN 11      |  |  |  |
| TITLE 's PVST   |                                       | □ <b>X</b> Delete                          | TITLE    | E  | - ·  |                                | ☐ Change ☐ Addition  |  |  |  |
|   | , THOMAS H                            |  | NAM      | I  |  |                                |                      |  |  |  |
|   | PINE STREET<br>FL 32801               |  |          | ET ADDRESS<br>-ST-ZIP                              |  |                                |                      |  |  |  |
| TITLE D   | 7 1 2 0 2 0 0 1                       |  | TITLE    | <del></del>  |  |                                | Change Addition      |  |  |  |
| j -   | , THOMAS H                            | r X Delete                                 | NAM      | ,  |  |                                |                      |  |  |  |
|   | PINE STREET                           |  | STRE     | ET ADDRESS   |  |                                | 1                    |  |  |  |
| CITY-ST-ZIP ORI AND   | ) FL 32801                            |  | CITY     | -ST-ZIP  |  |                                |                      |  |  |  |

|  | 0.1.02.107.110 01.12010.10  |           |  | <br>-, -, -, -, -, -, -, -, -, -, -, -, -, - |     |           |            |
|--|---|-----------|--|--|-----|-----------|------------|
| TITLE 'S NAME STREET ADDRESS CITY-ST-ZIP | PVST<br>WARLICK, THOMAS H<br>316 EAST PINE STREET<br>ORLANDO FL 32801         | □X Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |     | ☐ Change  | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | D<br>WARLICK, THOMAS H<br>316 EAST PINE STREET<br>ORLANDO FL 32801            | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |     | [] Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | PVST<br>OSWALT; RICHARD E<br>10411 LAKE LOUISA ROAD<br>CLERMONT FL 34712-0786 | □ Delete  | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  | · · | Change    | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    | D<br>OSWALT, RICHARD E<br>10411 LAKE LOUISA ROAD<br>CLERMONT FL 34712-0786    | Delete    | TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |     | Change    | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP          |   | ☐ Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |     | ☐ Change  | Addition   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP    |   | Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |     | Change    | ☐ Addition |

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ALLE RICHARD E. OSWALT SIGNATURE: Z

02/18/02

352-394-4084

CR2E034 (9/01)