2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P0000018789 1. Entity Name HIGDON INDUSTRIES INCORPORATED 04-16-2001 90019 009 ***150.00 Principal Place of Business Mailing Address 130 N. VIRGINIA ST. P.O. BOX 1739 QUINCY FL 32351 QUINCY FL 32353-1739 2. Principal Place of Business 3. Mailing Address HIGON III J. WARREN 1703 FLORIDA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Po Box 430 City & State City & State 4. FEI Number Applied For 59-3632380 QUINCY QUINCY Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32353- 04*3*0 USA 32351 MSA Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent HIGDON, J. WARREN III 130 N. VIRGINIA ST. QUINCY FL 32351 32351 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) □ Change **★** Addition TITLE ☐ Delete TITI F NAME NAME HIGDON, J WARREN III STREET ADDRESS P.O. BOX 1739 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32353-1739 TITLE ☐ Delete TITLE 5/T ☐ Change ▼ Addition HIGDON, JOSEPH W JR. NAME NAME STREET ADDRESS P.O. BOX 1739 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32353-1739 TITLE Delete TITLE Change **Addition** NAME HIGDON, RALPH W NAME STREET ADDRESS P.O. BOX 1739 STREET ADDRESS CITY-ST-ZIP QUINCY FL 32353-1739 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

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J. Warren HIGGO TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

850-627-7564