| 2001  | UNIFORM | <b>BUSINESS</b> | REPORT | (UBR)    |
|-------|---------|-----------------|--------|----------|
| TAA 1 |         | PASIMESS        |        | ( O Dit) |

| 9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE NAME HOWARD, JOHN CARL STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32064  TITLE NAME HOWARD, AMOS EDGE STREET ADDRESS RT. 2 BOX 254 LAKE BUTLER FL 32054  TITLE NAME HOWARD, AMOS EDGE STREET ADDRESS RT. 2 BOX 254 LAKE BUTLER FL 32054  TITLE D Delete NAME HOWARD, JOSEPH DAVID  | City egistered office or re Pegistered Agent signature FEE IS \$550.00 2001 Fee will be  | OD 10. Election Campaign Financing \$5.00 May Be \$750.00 tof State Trust Fund Contribution.   |
|--|--|--|
| 2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  6. Name and Address of Current Registered Agent  HOWARD, JOHN CARL  RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its resident and address of current Registered Agent end utile if applicable.  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed name of registered agent end utile if applicable.  [NOTE:  Signature, speed or presed  | City egistered office or re Fegistered Agent eigneture FEE IS \$550.00 2001 Fee will be e to Department of 12.   | DO NOT WRITE IN THIS SPACE  4. FEI Number  |
| Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  6. Name and Address of Current Registered Agent  HOWARD, JOHN CARL  RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its residual and statement and elects to do so.  Signature, typed or printed name of registated agent and title if applicable.  (INOTE:  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so.  (See criteria on back)  TITLE  D  HOWARD, JOHN CARL  STREET ADDRESS  CITY-ST-ZIP  HOWARD, AMOS EDGE  STREET ADDRESS  RT. 2 BOX 254  LAKE BUTLER FL 32054  TITLE  D  HOWARD, JOSEPH DAVID   | City egistered office or re Fegistered Agent eigneture FEE IS \$550.00 2001 Fee will be e to Department of 12.   | Applied For Not Applied For Not Applied For Not Applied For Not Applicab  5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  ddress (P.O. Box Number is Not Acceptable)  FL Zip Code  registered agent, or both, in the State of Florida.  pre required when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May Be Added to Fees |
| City & State  Zip  Country  Zip  6. Name and Address of Current Registered Agent  HOWARD, JOHN CARL  RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its respectively.  Signature, typed or printed name of registered agent and title if applicable. (NOTE:  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  TITLE  NAME  HOWARD, JOHN CARL  STREET ADDRESS  CITY-ST-ZIP  LAKE BUTLER FL 32054  TITLE  D  Delete  NAME  HOWARD, AMOS EDGE  STREET ADDRESS  RT. 2 BOX 254  LAKE BUTLER FL 32054  TITLE  D  Delete  Delete  Delete  Delete  Delete   | City egistered office or re Fegistered Agent eigneture FEE IS \$550.00 2001 Fee will be e to Department of 12.   | 4. FEI Number   Applied For   Not Applied For   Not Applied   S. Certificate of Status Desired   \$8.75 Additional   Fee Required   7. Name and Address of New Registered Agent   Address (P.O. Box Number is Not Acceptable)   Zip Code   Tragistered agent, or both, in the State of Florida.  |
| Country  Cou | City egistered office or re Fegistered Agent eigneture FEE IS \$550.00 2001 Fee will be e to Department of 12.   | 5. Certificate of Status Desired \$8.75 Additional Fee Required  7. Name and Address of New Registered Agent  Gress (P.O. Box Number is Not Acceptable)  FL Zip Code  registered agent, or both, in the State of Florida.  use required when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees   |
| 6. Name and Address of Current Registered Agent  HOWARD, JOHN CARL  RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its residence agent and title if applicable. (NOTE:  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  ITILE  D  HOWARD, JOHN CARL  STREET ADDRESS  CITY-ST-ZIP  HOWARD, AMOS EDGE  STREET ADDRESS  RT. 2 BOX 254  LAKE BUTLER FL 32054  ITILE  D  Delete  HOWARD, JOSEPH DAVID  | City egistered office or re Fegistered Agent eigneture FEE IS \$550.00 2001 Fee will be e to Department of 12.   | 5. Certificate of Status Desired   |
| 6. Name and Address of Current Registered Agent  HOWARD, JOHN CARL  RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its response to the p | City  Egistered office or re  FEE IS \$550.00 2001 Fee will be to Department of 12.  | FL Zip Code  registered agent, or both, in the State of Florida.  registered when reinstating)  DATE  10. Election Campaign Financing Trust Fund Contribution.   |
| RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its residual statement for the purpose of  | City  Egistered office or re  FEE IS \$550.00 2001 Fee will be to Department of 12.  | registered agent, or both, in the State of Florida.  The required when reinstating)  On the State of State    Trust Fund Contribution.    Zip Code    Attermine    State    State    Added to Fees   |
| RT. 2 BOX 254  LAKE BUTLER FL 32054  2  8. The above named entity submits this statement for the purpose of changing its residual statement for the purpose of  | City  egistered office or re  Fegistered Agent signature  FEE IS \$550.00 2001 Fee will be a to Department of 12.  | registered agent, or both, in the State of Florida.  The required when reinstating)  On the State of State    Trust Fund Contribution.    Zip Code    Attermine    State    State    Added to Fees   |
| 8. The above named entity submits this statement for the purpose of changing its management of the purpose of changing its management.  Signature, typed or printed name of registered apent and title if applicable. (NOTE:  9. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE  D  HOWARD, JOHN CARL  STREET ADDRESS CITY-ST-ZIP  HOWARD, AMOS EDGE  STREET ADDRESS CITY-ST-ZIP  HOWARD, AMOS EDGE  RT. 2 BOX 254  LAKE BUTLER FL 32054  TITLE  D  Delete  HOWARD, JOSEPH DAVID  | Pegistered office or respective of the Pegistered Agent eigneture of Pegistered Agent eigneture of the Pegis | registered agent, or both, in the State of Florida.  The required when reinstating)  Out  10. Election Campaign Financing  45.00 May Be Added to Fees  |
| SIGNATURE  Signature, typed or printed name of registrated agent and title if applicable. (NOTE:  9. This corporation is eligible to satisfy its intangible. Tax filling requirement and elects to do so. (See criteria on back)  11. OFFICERS AND DIRECTORS  TITLE  D  HOWARD, JOHN CARL  STREET ADDRESS CITY-ST-ZIP  HOWARD, AMOS EDGE STREET ADDRESS RT. 2 BOX 254  LAKE BUTLER FL 32054  TITLE  D  Delete  HOWARD, JOSEPH DAVID  | Fegistored Agent signature FEE IS \$550.00 2001 Fee will be a to Department of 12.   | registered agent, or both, in the State of Florida.  Use required when reinstating)  10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees   |
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| TITLE D Delete HOWARD, JOHN CARL  TITLE D LAKE BUTLER FL 32064  TITLE D Delete HOWARD, AMOS EDGE  RT. 2 BOX 254  LAKE BUTLER FL 32064  TITLE D Delete DOWNESS RT. 2 BOX 254  LAKE BUTLER FL 32064  TITLE D Delete De | 12.  |  |
| NAME STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054  TITLE D HOWARD, AMOS EDGE STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054  TITLE D LAKE BUTLER FL 32054  TITLE D HOWARD, JOSEPH DAVID  | TITLE  | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |
| HOWARD, AMOS EDGE STREET ADDRESS CITY-ST-ZIP LAKE BUTLER FL 32054 TITLE D HOWARD, JOSEPH DAVID   | NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition  |
| TIFLE D Delete HOWARD, JOSEPH DAVID  | TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition  |
|  | TITLE<br>NAME  | ☐ Change ☐ Additio   |
| STREET ADDRESS   RT. 2 BOX.254   | STREET ADORESS  CITY-ST-ZIP  |  |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP  LAKE BUTLER FL 32054  Detete  | TITLE NAME STREET ADDRESS CHY-ST-ZIP   | Change Addition  |
| TITLE Delete NAME STREET ADDRESS   | TITLE NAME STREET ADDRESS  | ☐ Change ☐ Addition  |
| CITY-ST-ZIP  TITLE Delete  NAME  STREET ADDRESS  CITY-ST-ZIP   | CITY-ST-ZIP TIJLE NAME STREET ADDRESS CITY-ST-ZIP  | ☐ Change ☐ Addition  |
| 13. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is true and accurate and that per of the corporation or the receiver or trystee empowered to execute this report at changed, or on an attachment with an address, with all other like empowered.  SIGNATURE:  | pe exemption stated<br>signature shall have<br>s required by Chapte  | 90 Th Section 119.07(3)(i), Florida Statutes. I further certify that the information ave the same legal effect as if made under oath; that I am an officer or director pter 607, Porida Statutes; and that my name appears in Block 11 or Block 12 if  |