FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am DOCUMENT # P00000027595 **Secretary of State** 1. Entity Name 05-21-2001 90347 037 ***150.00 KENNEDY-WHITE SHUTTER CORP. Principal Place of Business Mailing Address 598 CORDEL DRIVE 598 CORDEL DRIVE NAPLES, FL 34110 NAPLES, FL 34110 00055713 2. Principal Place of Business 10940 HARMONY PARK DRIVE Mailing Address 10940 HARMONY PARK DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0992003 Not Applicable BONITA SPRINGS. BONITA SPRINGS. Countriv \$8.75 Additional Zip .34135 Country Zip 34135 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAMB, JEFFREY R. BRYANT, EDWARD R. JR. Street Address (P.O. Box Number is Not Acceptable) 9915 TAMIAMI TRAIL NORTH, SUITE 2 700 11TH STREET SOUTH, P-H II NAPLES, FL 34102 NAPLES. Zip Code 34108 City 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. JEFFREY R. LAMB (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (11/00) Addition ☐ Change BRYANT, EDWARD R. JR. TITLE TITLE (X) Delete NAME 700 11TH STREET, PH-II STREET ADDRESS STREET ADDRESS NAPLES, FL 34102 CITY-ST-ZIP CITY-ST-ZIP |X Addition ☐ Change TITLE ☐ Delete TITLE WHITE, ARTHUR K. NAME NAME 10940 HARMONY PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP BONITA SPRINGS, FL CITY-ST-ZIP _ Change _ Addition . Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing es not qualify fe indicated on this report or supplemental report is the an

of the corporation or the receiver or trustee empowere changed, or on an attachment with an address, with

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ARTHUR K. 941-949-6500