2001 UNIFORM BUSINESS REPORT (UBR)

Jun 19, 2001 8:00 am Secretary of State DOCUMENT # P0000049931 JOHN V. CAREY IN INVESTMENTS INC. 05-14-2001 90258 015 ***150.00 Principal Place of Business Mailing Address 7250 PENSACOLA BOULEVARD 7250 PENSACOLA BOULEVARD PENSACOLA FL 32505 PENSACOLA FL 32505 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3650417 Not Applicable Zip Country 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 CAREY JOHN V III Street Address (P.O. Box Number is Not Acceptable) 7250 PENSACOLA BOULEVARD PENSACOLA FL 32505 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. Signature, byced or printed name of registered agent and title if agglicable (NOTE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its intangible ... -----EILE NOW!!⊨FEE [S.\$150.00] 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Addition ☐ Delete TITLE President NAME John V. Carey III STREET ADDRESS STREET ADDRESS 6868 Marlin St CITY-ST-ZIP CITY-ST-ZIP NAVALLE TITLE Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete IIRE ☐ 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-ZIP CITY-SI-71P TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 13. I hereby certify that the information supplied with this filling 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.

FILED