FILED > 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am Secretary of State DOCUMENT # P00000053339 -GRANT FOODSERVICE EQUIPMENT & SUPPLY COMPANY--05-22-2001 90006 012 ***150.00 GRANT CORPORATION Principal Place of Business Mailing Address 953 SEA HAWK PLACE 953 SEATHAWK PLACE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-3667350 City & State Applied For Not Applicable Zip 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 Name GRANT, DAWN Street Address (P.O. Box Number is Not Acceptable) 953 SEA HAWK PLACE FERNANDINA BEACH FL 32034 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$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 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change GRANT, WILLIAM NAME STREET ADDRESS 953 SEA HAWK PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE ☐ Delete TITLE ☐ Change Addition GRANT, DAWN NAME NAME STREET ADDRESS 953 SEA HAWK PLACE STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-7IP 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-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-ZIE 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.

SIGNATURE:

DAWN GRANT THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-25-01

904-321-5743

Daytime Phone #