2007 FOR PROFIT CORPORATION

Jul 02, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P0000005792G 07-02-2007 90035 039 ***150 00 W.D. TANNER, INC. Principal Place of Business Mailing Address 555 SOUTH MISSOURI STREET PO BOX 1575 LABELLE, FL 33935 LABELLE, FL 33975 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 06262007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3652621 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 TANNER, W.D. 555 SOUTH MISSOURI STREET Street Address (P.O. Box Number is Not Acceptable) LABELLE, FL 33935 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PST TITLE ☐ Delete TITLE M Change ☐ Addition NAME TANNER, W.D. NAME STREET ADDRESS 555 SOUTH MISSOURI STREET STREET ADDRESS CITY-ST-ZIP LABELLE, FL 33935 CITY-ST-7/P Change TITLE ☐ Detete TITLE Addition NAME TANNER, DOROTHY L NAME STREET ADDRESS 555 SOUTH MISSOURI STREET STREET ADDRESS LABELLE, FL 33935 CITY-ST-ZIP CITY-ST-78P ☐ Delete ☐ Change X Addition TITLE TITLE Gilbert E. TAYLOR 555 S. MISSOURI St NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete THE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 it 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: _

☐ Delete

FILED

☐ Change

Addition