## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 08, 2002 8:00 am Secretary of State DOCUMENT # P00000087037 1. Entity Name 09-08-2002 90138 013 \*\*\*150.00 J & J/RF, INC. Principal Place of Business Mailing Address 2550 WALK-IN-WATER RD. PO BOX 61 LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business 3. Mailing Address 15375 Hwy. 27 2300 29th Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3671290 Winter Haven FL Lake Wales FL Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ 33**8.**9 Po1k 33881 Polk Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PADGETT, JERRY D Street Address (P.O. Box Number is Not Acceptable) ~2550 WALK-IN-WATER RD. LAKE WALES FL 33853 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9.-This corporation is eligible to eatiefy its Intangible -~FILE NOW!!!~FEE-IS-\$550:00~ 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE DPT ☐ Delete TITLE Change ☐ Addition NAME NAME PADGETT, JERRY D STREET ADDRESS STREET ADDRESS 2550 WALK-IN-WATER RD. CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL 33853 TITLE ☐ Defete TITLE DV NAME NAME IGLESIAS, JOE STREET ADDRESS STREET ADDRESS 116 Loquat Rd NW 2550 WALK-IN-WATER RD. CITY-ST-7IE CITY-ST-ZIP Lake Placid FL 33852 LAKE WALES FL 33853 TITLE Delete TITLE ☐ Change X Addition NAME NAME Carol D. Lamons STREET ADDRESS STREET ADDRESS 2300 29th Street NW CITY-ST-ZIP CITY-ST-7IF <u> Winter Haven FL-33881</u> ☐ Delete TITLE Change ■ Addition 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-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 

V9202 4863638-4440

Attackment Att PODOUOU87037 To whom it may concern This letter is to say that coparation did not receive the prior noti