2001 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P0000098102 1. Entity Name HY-FLO, INC. 04-17-2001 90063 038 ***150.00 Principal Place of Business Mailing Address 2628 DURANT OAKS DR 2628 DURANT OAKS DR VALRICO FL 33594 VALRICO FL 33594 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 59-3682957 Not Applicable Country -Country = \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KEY, CHARLES B Street Address (P.O. Box Number is Not Acceptable) 2628 DURANT OAKS DR VALRICO FL 33594 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Charles Bakey OAKS Dr 2628 DUASAN OAKS Dr TITLE ☐ Delete TITLE KEY, CHARLES B NAME NAME 2628 DURANT OAKS DR STREET ADDRESS STREET ADDRESS VAIR: CO F1 33594 CITY-ST-ZIP VALRICO FL 33594 CITY-ST-ZIP Charles T Key 2428 DURANT DAKS Dr Change TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VAIRICO FI 33544 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE Annetta Pkey OAKS Dr NAME NAME STREET ADDRESS STREET ADDRESS VAIRICO, FI CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

Charles B. 1 Lew Charles B Key 4/10/01 8/3-651-4384
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING PERIODS

Date Dayling Phone #