2001 Uniform Business Report (UBR) May 22, 2001 8:00 am DOCUMENT # P00000098289 Secretary of State 1. Entity Name 05-22-2001 90009 049 ***150 00 Ginnie Springs Bottled Water Company Mailing Address Principal Place of Business 6770 NE CR 340 しりりもりろりる High Springs, FL 32643 3. Mailing Address 2. Principal Place of Business 6770 NE CR 340 6770 NE CR 340 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State High Springs, FL High Springs, FL Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 32643 32643 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Robert D. Wray Street Address (P.O. Box Number is Not Acceptable) 6770 NE CR 340 High Springs, FL 32643 Zip Code FL 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) 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back): ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Jane Wray TITLE 6568 TAnglewood Dr. NE STREET ADDRESS St. Petersburg, FL 33702 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Rhonda Wray Johnson □ Delete TITLE NAME 5600 NE 60th Avenue STREET ADDRESS STREET ADDRESS High Springs, FL 32643 CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition · Delete TITLE TITLE D,P,T NAME NAME Robert D. Wray STREET ADDRESS STREET ADDRESS 6,770 NE CR 340 CITY-ST-ZIP CITY-ST-7IP High-Springs, FL 32643 Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.