5/14/01-90175-048

FILED Jun 20, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P00000113377 05-14-2001 90175 048 ***150.00 AKE DEVELOPMENT, INC. Principal Place of Business Mailing Address 201 E. NEW HAVEN AVE. 201 E. NEW HAVEN AVE. MELBOURNE FL 32901 MELBOURNE FL 32901 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3693027 Applied For Not Applicable \$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 ENGLE, C. DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 201 E. NEW HAVEN AVE. MELBOURNE FL 32901 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. (NOTE: Registered Agent signature required when re-9. This corporation is elicible 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TATLE ☐ Detete TIT! F ☐ Addition ☐ Change ENGLE, C. DOUGLAS NAME NAME 201 E. NEW HAVEN AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-70P MELBOURNE FL 32901 TITLE TITLE ☐ Delete [] Change JAMES CHILTON ALBRIGHT JR NAME NAME P.O. BOX 644 STREET ADDRESS STREET ADDRESS MECBOURLE, FL. 32902 CITY-ST-ZIP CITY-ST-ZIP $\overline{\mathcal{Q}}$ TITLE Delete TITLE Change Adofilion NAME NAME HIRK W. HESSEL STREET ADDRESS STREET ADDRESS 1332 DESUTO ST. MELBOURNE, IZL. 32935 CITY-ST-ZIP CLTY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Addition Delete ☐ Chande NAME NAME - STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME HAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 certify 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.

C. Douglas Crel C