2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmer with an address, with all other like empowered.

SIGNATURE:

Mar 07, 2002 8:00 am secretary of State DOCUMENT # P00000117404 1. Entity Name 03-07-2002 90023 010 ***150.00 PIER 98 CONVENIENCE & TACKLE, INC. Principal Place of Business Mailing Address 1549 PIONEER RD. 1549 PIONEER RD. CHIPLEY FL 32428 CHIPLEY FL 32428 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-3705530 Not Applicable 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 LAWRENCE, BRUNSON L Street Address (P.O. Box Number is Not Acceptable) 1549 PIONEER RD. CHIPLEY FL 32428 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition CR2E034 (9/01 TITLE ☐ Delete NAME NAME LAWRENCE, BRUNSON L STREET ADDRESS 1549 PIONEER RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME. NAME LAWRENCE, GRETA STREET_ADDRESS STREET ADDRESS 1549 PIONEER RD. CITY-ST-ZIP CITY-ST-ZIP CHIPLEY FL 32428 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

FILED