| 2002   | 2 UNIFORM BUS  | DINESS NEP   |   | 1   |   |   |  |  |
|--|--|--|---|---|---|---|--|--|
| DOCU   | MENT # P010  |  |   |   | FILED   |   |  |  |
| 1. Entity Name ADCO ALLIED DEVELOPMENT CORPORATION   |  |  |   | 02.00                                       | T21 AM 9  | 9: 08   | -  |  |
|  |  |  |   | SECR  | ETARY OF S  | STATE   |  |  |
| Principal Place  | e of Business room   | Mailing Address P 0 BOX 8237   |   | TALLA                                       | HASSFE, FLO   | ORIDA   |  |  |
| PORT ST. LUCIE, FLOSISSIS (CEC): T   |  |  | PORT ST LUCIE FL 34985  |   | 976864  |   |  |  |
|  |  |  |   |   |   |   | 11 1111 11 11 11 11 11 11 11 11 11 11 1                                    |  |
|  | Place of Business  OF MARINEL KANT   | 3. Mailing Address   | 231   | 1 10 6 11 11 10 10 10 1                     | (1011 <b>80</b> 111 <b>80</b> 111 <b>01</b> 111 <b>01</b> | )   | 14 14 <b>484</b> (Kii 4 <b>8</b> 1)  |  |
| Suite, Apt.  | #, etc.  | Suite, Apt. #, etc.  | <del>~~</del>   | DO  | NOT WRITE IN TH   | IS SPACE  |  |  |
| City & State   | of Luce FLORIDA  | PORT ST. LUCY  | El.   | 4. FEI Number 59-374.                       | 5554  |   | Applied For  |  |
| 21002  | Country  | Zip  | Country SAWT LUCK   | E Cartificate of State of                   |   | \$8.75 A  |  |  |
| <del>//                                    </del>  | 6. Name and Address of Current   | t Registered Agent   |   | 7. Name and Address                         | of New Registere  | Fee Required Agent  | red  |  |
| DUCILLE, (   |  |  | Name  |   |   | بهنتن جه  |  |  |
|  | AARINAR LANE<br>LUCIE FL 34983   |  | Sireet Addre  | ss (P.O. Box Number is Not A                | cceptable)  | -   |  |  |
| 10111 01 1   | LOUIE PE 34903   |  | City  |   |   |   |  |  |
| · · ·  |  |  |   |   | _   | Zip Co  | <b></b>  |  |
| GNATURE <  | named entity submits this platement for  | MU OECIA<br>and use II applicable. (NO   | ts registered office or registered office or registered active requirements of the registered Agent signature requirements.   | E)  | tate of Florida.  | 102   |  |  |
| IGNATURE S  This corpora  Tax filing rec (See criteria   | Signature, typed or printershame of registered agent ration is eligible/to satisfy its intangible equirement and elects to do so.  | and late II applicable. (NO After May 1, 2) Make Check Paya                      | ts registered office or regi  | Lired when reinstalling)  10. Election Camp | tate of Florida.  DATE  paign Financing                   | 102   | OO May Be d to Fees  |  |
| IGNATURE S  This corpora Tax filing rec (See criteria  | Signature, typed or printershama of registered agent ration is eligible to satisfy its intangible equirement and elects to do so.  | and tabe it applicable. (NO  FILE NOW After May 1, 2t Make Check Paya  DIRECTORS | ts registered office or registered Agent aignature requirements of \$150.00 (12). The property of \$150.00 (12).  | Lired when reinstalling)  10. Election Camp | paign Financing ontribution.                              | 102-  | O May Be   |  |
| GNATURE  S  This corpore Tax filing red (See criteria  LE  MEL  MEL  MEL  MEL  MEL  MEL  MEL   | Signature, typed or printershame of registered agent ration is eligible/to satisfy its intangible equirement and elects to do so.  | and late II applicable. (NO After May 1, 2) Make Check Paya                      | Its registered office or registered Acoustic Production of States   | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | 102-  | OO May Be<br>d to Fees<br>S IN 11  |  |
| GNATURE ≤ S  This corporation of the corporation o  | Signature, typed or printershame of registered agent reation is eligible/to satisfy its intangible equirement and elects to do so. a on back)  OFFICERS AND  DUCILLE; CECIL J.  R:0:80X 8237 | and tabe it applicable. (NO  FILE NOW After May 1, 2t Make Check Paya  DIRECTORS | Its registered office or registered office or registered Agent signature requirements of \$12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE   | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | 102<br>\$5.0<br>Adde  | OO May Be<br>d to Fees<br>S IN 11 '  |  |
| GNATURE S  This corporation of the corporation of   | Signature, typed or printershame of registered agent reation is eligible/to satisfy its intangible equirement and elects to do so. a on back)  OFFICERS AND  DUCILLE; CECIL J.  R:0:80X 8237 | FILE NOW After May 1, 2 Make Check Paya  DIRECTORS  Delete                       | Its registered office or registered Agent signature requirements of \$150.00  The registered Agent signature requirements of \$12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | 102 \$5.0 Adde  | OO May Be<br>d to Fees<br>S IN 11 '  |  |
| GNATURE   S  This corpora Tax filing re (See criteria  LE  VELI (12 + 11 + 11 + 11 + 11 + 11 + 11 + 11   | Signature, typed or printershame of registered agent reation is eligible/to satisfy its intangible equirement and elects to do so. a on back)  OFFICERS AND  DUCILLE; CECIL J.  R:0:80X 8237 | FILE NOW After May 1, 2 Make Check Paya  DIRECTORS  Delete                       | Its registered office or registered office or registered Agent signature requirement of \$111. FEE IS \$150.00 able to Department of \$12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | 102 \$5.0 Adde  | OO May Be<br>d to Fees<br>S IN 11 '  |  |
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| GNATURE S  This corporation of the corporation of t | Signature, typed or printershame of registered agent reation is eligible/to satisfy its intangible equirement and elects to do so. a on back)  OFFICERS AND  DUCILLE; CECIL J.  R:0:80X 8237 | Delete   | Its registered office or registered Agent signature requirement of \$111 FEE IS \$150.00 GO2 Fee will be \$550.0 lible to Department of \$12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP   | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | \$5 Adde  ### State  ### Adde  ### Change    Change    Change | OO May Be d to Fees S IN 11 ' Addition Addition Addition                   |  |
| IGNATURE S  I This corporation for the property of the proper  | Signature, typed or printershame of registered agent reation is eligible/to satisfy its intangible equirement and elects to do so. a on back)  OFFICERS AND  DUCILLE; CECIL J.  R:0:80X 8237 | Delete   | Its registered office or registered Agent aignature requirement of \$111 FEE IS \$150.00 (002 Fee will be \$550.0 (002 Fee will b           | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | \$5 Adde  ### State  ### Adde  ### Change    Change    Change | OO May Be d to Fees S IN 11 ' Addition Addition Addition                   |  |
| IGNATURE ≤ S  I. This corpore Tax filing record (See criteria I.  ILE  MEXICAL PARTIEL  REEX MORESS (1)  | Signature, typed or printershame of registered agent reation is eligible/to satisfy its intangible equirement and elects to do so. a on back)  OFFICERS AND  DUCILLE; CECIL J.  R:0:80X 8237 | Delete   | Its registered office or registered Agent aignature requirement of \$111 FEE IS \$150.00 (April 1985) FEE IS \$150.00                      | 10. Election Camp<br>Trust Fund Co          | paign Financing ontribution.                              | \$5.0 Adde DO DIRECTOR Change Change Change                   | DO May Be d to Fees S IN 11 ' Addition Addition Addition Addition Addition |  |

13. 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

ge 10/22/02