FILED May 13, 2002 8:00 am Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000058954 1. Entity Name 05-13-2002 90176 028 ***150.00 SNACK DADDY, INC. Principal Place of Business Mailing Address 2013 KAMENSKY ROAD 2013 KAMENSKY ROAD CLEARWATER FL 33763 CLEARWATER FL 33763 2. Principal Place of Business 3. Mailing Address ---Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 3 City & State City & State 4. FEI Number Applied For 9-3725786 Not Applicable . Zip Country Zip 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 Name RIGGS, RANDALL J Street Address (P.O. Box Number is Not Acceptable) 2013 KAMENSKY ROAD CLEARWATER FL 33763 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible 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, 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 ☐ Delete TITLE ☐ Change ☐ Addition CR2E034 (9/01 NAME RIGGS, RANDALL J NAME STREET ADDRESS 2013 KAMENSKY ROAD STREET ADDRESS CITY-ST-ZIP CLEARWATER FL 33763 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RIGGS, PEGGY S NAME STREET ADDRESS 2013 KAMENSKY ROAD STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL 33763** CITY-ST-ZIP TITLE ☐ Delete TITL F Change ☐ Addition NAME RIGGS, GARY A NAME STREET ADDRESS STREET ADDRESS 2013 KAMENSKY ROAD CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33763 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DARL J. Labor 3

Daytime Phone #