FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State P01000060811 DOCUMENT # 1. Entity Name WINFIELD HUNTING CLUB, INC. 05-21-2002 91224 026 ***150.00 Principal Place of Business Mailing Address 1724 N 1ST ST 1724 N 1ST ST LAKE CITY FL 32055 LAKE CITY FL 32055 2. Principal Place of Business 3. Mailing Address Main Blud 904 NW Main Suite, Apt. #, etc. Šuite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Not Applicable zip **3**2 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, CRAIG R Street Address (P.O. Box Number is Not Acceptable) 1724 N 1ST ST LAKE CITY FL 32055 904 N W Main Blod 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. F Tom Sewejkis 9069 SE CR 319 TITLE Delete Change -X Addition HALL, CRAIG R NAME 1724 N 1ST ST STREET ADDRESS STREET ADDRESS Trenton, Fl 32693 LAKE CITY FL 32055 CITY-ST-ZIP CITY-ST-ZIP S Delete TITLE Change Addition TITLE HALL, LARRY F NAME NAME RT 1, BOX 260 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32055 CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME HALL, MICHAEL A NAME RT 22, BOX 491-2 STREET ADDRESS STREET ADDRESS LAKE CITY FL 32024 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE □ Change ☐ Addition □ Delete

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. changed, or on an attachment

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

NAME STREET ADDRESS

CITY-ST-7IP