Jul 17, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) P01000119749 DOCUMENT # 07-17-2002 90113 012 ***150.00 1. Entity Name MAGES FENCE COMPANY, INC. Principal Place of Business Mailing Address 2311 35TH AVE N 2311 35TH AVE N ST PETERSBURG FL 33713 ST PETERSBURG FL 33713 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable 90-0005463 Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALE, FRED H Street Address (P.O. Box Number is Not Acceptable) 5650 PARK BLVD, SUITE 1 PINELLAS PARK FL 33781-3354 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. I am familiar with, and accept the obligations of registered agent. 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete Change TITLE TITLE MAGES, RONALD L NAME NAME 2311 35TH AVE N STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 33713 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE

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 of the corporation or the receiver or trustee empowered to exec changed, or on an attachment with an address, with all other in

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

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CITY-ST-7IP

CITY-ST-ZIP

☐ Delete

RONALD L MAGES. PRESIDENT

☐ Change

☐ Addition

FILED

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11 July 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

REFERENCE: Mages Fence Company, Inc.

2002 Uniform Business Report

Document #P01000119749

TO WHOM IT MAY CONCERN:

Enclosed, please find a check in the amount of \$150.00 for the annual report fee. This is the first notice I have received since I incorporated on December 17, 2001. I was unaware this form and fee were required. It is my understanding the penalty could be waived and I respectfully request you do so at this time.

Thank you for your consideration in this matter. Please contact me if you have any questions.

Yours truly,

Ronald Mages President

(Pees)

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