	1. Entity Na	ANNUA JMENT # P0300005			Mar 16, 2007 08:0 Secretary of Sta
Slifter, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-P CP2E034 (12/06) City & State City & State 4. FE! Number Applied Par. Zip Country Zip Country s. Cardificato of Status Desired \$8.75 Additional STOKES, LEROY STOKES, LEROY Name Name Street: Address of New Registered Agent Name STOKES, LEROY Street: Address of Current Registered Agent Name Name Street: Address of New Registered Agent NATURE Name Name Street: Address of New Registered Agent Name STOKES, LEROY Street: Address (P.O. Box Number is Not Acceptable) City FL Zip Code NATURE Name Name Street: Address (P.O. Box Number is Not Acceptable) Data NRATURE OPFIcers And Directors of or process of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. I	3711 TROU	JT RIVER BLVD	3711 TROUT RIVER BI		
City & State City & State Applied For S1-0464714 Applied For S1-0464714 Applied For S1-0464714 Zp Country Zip Country S. Certificatio of Status Desired \$8.75 Additional Free Required StrOKES, LEROY Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOKES, LEROY Name Street Address of New Registered Agent Name STOKES, LEROY FL Zip Code Street Address of New Registered Agent The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent. FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. 1 am familiar with, and accept the obligations of registered agent. FL Zip Code The above name of exporter target agent of the solvable. DOTE Registered Agent segment when remating Dott After Mary 1, 2007 Fee will be State of the solvable. DOTE Registered Agent segment when remating Dott STOKES, LEROY P. Delete The Name Addition terminating Vis File DOTE Registered Agent segment agent segment agent segment ag	. Principal	Place of Business - No P.O. Box #	3. Mailing Address		
Zip Country Zip Country Site Site Site Country Site Site Site Site Site Site Site Site	Suite, Ap	t. #, etc.	Suite, Apt. #, etc.		01042007 Chg-P CR2E034 (12/06)
Zip Country Zip Country 5. Certificate of Status Desired \$5.75 Additional For Roquired .6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent STOKES, LEROY S711 TROUT RIVER BLVD ACKSONVILLE, FL 32208 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code 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. Image: City on	City & Sta	ate	City & State		
TOKES, LEROY T1 TROUT RIVER BLVD ACKSONVILLE, FL 32208 The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T am familiar with, and accept the obligations of registered agent, or both, in the State of Fordsal T and the state of Fordsal T am familiar with and the state of Fordsal T am familiar with and the state of Fordsal T am fa	Zip	Country	Zip	Country	5 Certificate of Status Desired Status Served
STOKES, LEROY STOKES, LEROY The PD OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES 11. ADDITIONS/CHANGES 12. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 13. ADDITIONS/CHANGES 14. ADDITIONS/CHANGES 15. ADDITIONS/CHANG		6. Name and Address of Curren	t Registered Agent	Name	7. Name and Address of New Registered Agent
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation. IGNATURE International floridation. International floridation. International floridation. PD OfficeRS AND DIRECTORS 11. Addition floridation. International floridation. Net StockES, LEROY I	711 TRC	OUT RIVER BLVD			ss (P.O. Box Number is Not Acceptable)
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 Tam familiar with, and accept the obligations of registered agent, and the state of Florida Tam familiar with, and accept the obligations of registered agent, and the state of Florida Tam familiar with, and accept the obligations of registered agent. IGNATURE September were registered agent. IGNATURE September were registered agent, and the state of Florida Tam familiar with, and accept the obligations of registered agent were registered agent, or both, in the State of Florida Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida Tam familiar with, and accept the obligations of registered agent, or both, in the State of Florida Tam familiar with, and accept the obligations of registered agent. IGNATURE September were registered agent, and the state of th				City	Zip Code
LE PD Delete TTLE Change Addition ME STOKES, LEROY STRET ADDRESS STRET ADDRESS STRET ADDRESS Y-ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIP Change Addition ME STOKES, LEROY JR. Delete TTLE Change Addition ME STOKES, LEROY JR. NAME UD0000668573 Addition Y-ST-ZIP JACKSONVILLE, FL 32209 STRET ADDRESS UD0100668573 Addition Y-ST-ZIP JACKSONVILLE, FL 32209 CITY-ST-ZIP UD0100668573 Addition LE ME STRET ADDRESS UD0100668573 Addition Y-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP UD0100668573 Addition LE Delete TTLE NAME Addition Addition KE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Addition LE Delete TTLE NAME Addition KE STRET ADDRESS STRET ADDRESS CITY-ST-ZIP Change Addition KE CITY-ST-ZIP CITY-ST-ZIP CITY-S					
ME STOKES, LEROY JR. HET ADDRESS P.O. BOX 12318 JACKSONVILLE, FL 32209 LE Delete Delete TITLE Change Addition ME HET ADDRESS CTTY-ST-ZIP LE Delete Delete TITLE Change Addition MAME STREET ADDRESS CTTY-ST-ZIP LE Delete TITLE Change Addition MAME CHANGE ADDRESS CTTY-ST-ZIP LE Delete TITLE Change Addition MAME CHANGE ADDRESS CTTY-ST-ZIP	After M	lay 1, 2007 Fee will be \$550	.00 Trust Fund Cont	ribution. 🗌 Ă	Added to Fees
ME NAME REET ADDRESS STREET ADDRESS Y-ST-ZIP Image: Citry-st-ZIP ME TITLE NAME STREET ADDRESS Y-ST-ZIP Image: Citry-st-ZIP LE Image: Citry-st-ZIP VE Image: Citry-st-ZIP VE Image: Citry-st-ZIP	After M). LE ME REET ADDRESS	PD STOKES, LEROY P.O. BOX 12318	DIRECTORS	ribution. A	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAE EET ADDRESS Y-ST-ZIP E E E E E E E E E E E E E E E E E E E	After M Le Me Teet Address Y-ST-Zip Le Me Reet Address	Agy 1, 2007 Fee will be \$550. OFFICERS AND STOKES, LEROY P.O. BOX 12318 JACKSONVILLE, FL 32209 V STOKES, LEROY JR. P.O. BOX 12318	DIRECTORS	TIDUTION. A	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition
NAME NAME	After M LE LE ME LEET ADDRESS Y-ST-ZIP LE KET ADDRESS Y-ST-ZIP LE LE LE AE LE LE AE LE LE AE LE LE AE LE	Agy 1, 2007 Fee will be \$550. OFFICERS AND STOKES, LEROY P.O. BOX 12318 JACKSONVILLE, FL 32209 V STOKES, LEROY JR. P.O. BOX 12318	DIRECTORS	ribution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition U0000668573 03/27/07-80038-001 150
(-ST-ZP CTTY-ST-ZP	After M I. IE ME IEET ADDRESS Y-ST-ZIP IE KET ADDRESS Y-ST-ZIP IE KE IEET ADDRESS KE IEET ADDRESS KE IEET ADDRESS	Agy 1, 2007 Fee will be \$550. OFFICERS AND STOKES, LEROY P.O. BOX 12318 JACKSONVILLE, FL 32209 V STOKES, LEROY JR. P.O. BOX 12318	DIRECTORS	ribution. A 11. Title NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS STREET ADDRESS	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition U0000668573 03/27/07-80038-001 150 Change Addition Addition
E Dekete TITLE Change Addition AE ET ADDRESS -ST-ZIP CITY-ST-ZIP	After M	Agy 1, 2007 Fee will be \$550. OFFICERS AND STOKES, LEROY P.O. BOX 12318 JACKSONVILLE, FL 32209 V STOKES, LEROY JR. P.O. BOX 12318	.00 Trust Fund Cont	ribution. A 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Change Addition U0000668573 03/27/07-80038-001 150 Change Addition Addition Change Addition

- ...

V.