2004 FOR PROFIT CORPORATION ANNUAL REPORT

04-05-2004 90002 018 ***150 00 **DOCUMENT # P03000103693** BANKS BUILDING, INC. Principal Place of Business Mailing Address 66412438 2530 CENTERVILLE ROAD 2530 CENTERVILLE ROAD TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite: Apt: # Fetc. Suita...Apt.: برجو سيحد Suita...Apt.: بالمحالة ... ·03192004*---Chg-P~-< → CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent 7 BANKS, EARL CJR. Street Address (P.O. Box Number is Not Acceptable) 2530 CENTERVILLE ROAD TALLAHASSEE, FL 32308 City Zip Code FI 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. Sensature, typed or printed name of recisioners agent and the # applicable (NOTE: Registered Agent signature required when sematating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME BANKS, EARL C JR. NAME STREET ADDRESS 2530 CENTERVILLE ROAD STREET ADDRESS CHY-S1-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP Title Change The Delete 1tftE HAMI" MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ITILE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-2P TITLE Dele le 1111 F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP TITLE Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADORESS STREET AUDRESS CUY-ST-ZIP CITY-ST-ZIP Delete THE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if chaptered, or on an attachment with an address, with all other like empowered. 856-385-1398

AME OF SIGNING OFFICER OR DIRECTOR

FILED

Apr 19, 2004 8:00 am Secretary of State