2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # PO5170 Apr 03, 2001 8:00 am Secretary of State BANNUM, INC. 04-03-2001 90225 009 ***150.00 Principal Place of Business Mailing Address 1301 Seminole BLVd #126 SAME C0041454 LARGO FL 33770 2. Principal Place of Business 3. Mailing Address Seminole Blud --- *1*307 1301 Seminole Blud 😅 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 126 124 City & State Applied For City & State 4. FEI Number FL ARgo 61-1063608 LARG O Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US4 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent P. Rich DAU: D A. LOWRY 1301 Seminole Blud # 126 Street Address (P.O. Box Number is Not Acceptable) LARGO FL 2ip Code 33606 8. The above named entity commits this statement on the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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, 2001 Fee will be \$550.00 __ D___ Added to Fees —Trust Fund Contribution. — (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PRESIDENT PRESIDENT ☐ Addition TITLE **⊠** Delete TITLE DAUID A. LOWRY ARNOLD R. Lich Blud # 126 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bellevin Beach FL 33786 CITY-ST-ZIP LARGO FL 33770 TREASURER ☐ Change Addition TITLE TITLE PATTI SCHULTZ 1301 Seminole Blud #124 LARGO PL 33770 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-71P CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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. 3/23/01 727-588-2594 SIGNATURE: