2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

FILED Feb 20, 2002 8:00 am Secretary of State **DOCUMENT # P11384** Entity Name GYA. INC. 02-20-2002 90121 048 ****61.25 rincipal Place of Business Mailing Address O JANET MILLER - SCHMIDT C/O JANET MILLER - SCHMIDT 77 LAKESHORE DR 2777 LAKESHORE DR ANDEVILLE LA 70448-5629 MANDEVILLE LA 70448-5629 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2129669 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) vaillant, francois d. 1421 Lamhurst Rd. PENSACOLA FL 32507 City 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. GNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 řιε (9/01) **⊠** Delete TITLE Change Addition KLEINSCHEODT, KEN Chamberlain, Walter (ME NAME REET ADDRESS 4411 PARK RD STREET ADDRESS P.O.BON 2400 TY-ST-7IP CITY-ST-7IP MOBILE AL 36605 Bay St. Louis, MS 39521 İLE ☐ Delete TITLE Change **Addition** Calvin Jones, III 412-A Cobia Ave CHAMBELAIN, WALTER ĺМЕ NAME PO BOX 2400 REET ADDRESS STREET ADDRESS Fort Walton Beach, FL 32548 . TY-ST-ZIP BAY ST. LOUIS MS 39521 CITY-ST-ZIP ΪE De lete TITLE Change ☐ Addition MILLER-SCHMIDT, JANET ME REET ADDRESS 2777 LAKESHORE DR STREET ADDRESS Y-ST-ZIP MANDEVILLE LA 70448-5629 CITY-ST-7IF ☐ Delete TITLE ☐ Change Addition BROOKER, NORTON W JR ME NAME REET ADDRESS PO DRAWER 2727 STREET ADDRESS ÍY-ST-ZIP MOBILE AL 36652 CITY-ST-ZIP LE ☐ Delete TITLE ☐ Change ■ Addition RICHARDS, RON ME NAME REET ADDRESS 6625 CALLE DE LAUREL STREET ADDRESS Y-ST-ZIP CITY-ST-ZIP NAVARRE FL 32566 ☐ Delete TITLE ☐ Addition ☐ Change MORROW, JOHN MF NAME PO BOX 1446 REET ADDRESS STREET ADDRESS Y-ST-ZIP PANAMA CITY FL 32402 CITY-ST-ZIP 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

land Miller-Schmidt