FILED 2002 UNIFORM BUSINESS REPORT (UBR) Aug 04, 2002 8:00 am Secretary of State DOCUMENT # P21358 1. Entity Name 08-04-2002 90163 025 ***550.00 DANIEL & ASSOCIATES, INC. OF DELAWARE Principal Place of Business Mailing Address P.O. BOX 649 P.O. BOX 649 **GEORGETOWN FL 32139 GEORGETOWN FL 32139** 972175 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For 4. FEI Number City & State City & State 52-1349287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DANIEL, ELIZABETH A. Street Address (P.O. Box Number is Not Acceptable) PARKER ROAD GEORGETOWN FL 32139 City Zip Code FL 8. The above named entity submits this statement for purpose of charging its registered office or registered agent, or both, in the State of Florida SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition ☐ Delete TITI F TITLE NAME DANIEL, JOHN A. NAME 136 PARKER RD STREET ADDRESS STREET ADDRESS PO BOX 649 N/A CRESCENT CITY FL CITY-ST-ZIP **GEORGETOWN FL** CITY-ST-ZIP ☐ Delete TITLE NAME DANIEL, ELIZABETH A. NAME 136 PARKER RD STREET ADDRESS STREET ADDRESS PO BOX 649 N/A CITY-ST-ZIP CITY-ST-ZIP RESCENT CITY GEORGETOWN FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME. DANIEL, ELIZABETH A. Y36 PARKER RD STREET ADDRESS STREET ADDRESS PO BOX 649 N/A CITY-ST-ZIP CITY-ST-ZIP CRESCENT CITY FL GEORGETOWN FL ☐ Delete TITLE TITLE ☐ Change - ☐ Addition NAME NAME * 1 8 mg STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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-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 above as in plock 12 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: