2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # **P22789** 1. Entity Name CARTER & BURGESS, INC. 05-31-2000 90054 003 ***550.00 Principal Place of Business Mailing Address 3880 HULEN P.O. BOX 985006 FT. WORTH TX 76107 FT. WORTH TX 76185-5006 COLUNGOY 2. 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 75-1246210 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -- -Name CARLILE, L. FRANK Street Address (P.O. Box Number is Not Acceptable) 1000 LEGION PLACE STE 1400 ORLANDO FL 32801 Zip Code FL 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. SIGNATURE (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition ☐ Delete TITLE TITLE NAME NAME ALLEN, JERRY W. STREET ADDRESS STREET ADDRESS 3880 HULEN CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX Change **X** Addition TITLE Delete TITLE EVANS, FRED H. 3880 HULEN ST. NAME STONE, THOMAS J NAME STREET ADDRESS 3880 HULEN ST STREET ADDRESS CITY-ST-ZIP FT WORTH, TX 73/07 CITY-ST-ZIP FT. aWORTH-TX-73107... TITLE ☐ Delete TITLE ☐ Change Addition NAME AUGHINBAUGH, JOHN R NAME STREET ADDRESS **3880 HULEN** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HAMMOND, WILTON N. NAME STREET ADDRESS STREET ADDRESS **3880 HULEN** CITY-ST-ZIP CITY-ST-ZIP FT. WORTH TX ☐ Change TITLE **★** Addition TITLE Delete JOHNSON, DAVID S. 3880 HULEN ST. REYNOLDS, ROBERT, M NAME NAME STREET ADDRESS **3880 HULEN** STREET ADDRESS FT WORTH, TX CITY-ST-ZIP CITY-ST-ZIP FT WORTH TX Change ☐ Delete TITLE ☐ Addition TITLE KARR, RUSSELL A NAME NAME STREET ADDRESS STREET ADDRESS 3880 HULEN CITY-ST-ZIP FT. WORTH TX 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 of 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 of the receiver or trustale 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 any other like empowered.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR