2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P28521** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name MID-CONTINENT PLANTATION, INC. 04-26-2000 90168 038 ***150.00 Mailing Address Principal Place of Business 5835 MEMORIAL HIGHWAY P.O. BOX 261825 SUITE #18 TAMPA FL 33685-1825 TAMPA FL 33615 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 62-1093403 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5835 MEMORIAL HIGHWAY, SUITE #18 **TAMPA FL 33615** Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition PD ☐ Change TITLE Delete TITLE KREIS, KLAUS NAME NAME STREET ADDRESS STREET ADDRESS 5835 MEMORIAL HIGHWAY, SUITE #18 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition VST Delete TITLE ☐ Change TITLE BAGEARD, LYNNE K. NAME NAME STREET ADDRESS STREET ADDRESS 5835 MEMORIAL HIGHWAY, SUITE #18 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL Addition - - 🖃 Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 a with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ Change

☐ Addition