2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9300004531 Jul 18, 2000 8:00 am 1. Entity Name **Secretary of State** SOUTHPOINT INDUSTRIES, INC. 07-18-2000 90013 003 ***550.00 Mailing Address Principal Place of Business SUNRISE LANE 83 SUNRISE LANE PANACEA FL 32346 PANAÇEA FL 32346 211 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3160231 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name **BLACK, GEORGE T** Street Address (P.O. Box Number is Not Acceptable) 83 SUNRISE LANE PANACEA FL 32346 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE BLACK, GEORGE T NAME NAME STREET ADDRESS **83 SUNRISE LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PANACEA FL Addition ☐ Change ☐ Delete TITLE TITLE BLACK, REBECCA G **83 SUNRISE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANACEA FL ☐ Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Vice President 7/13/

Daytime Phone #