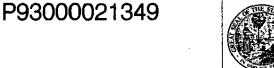
FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91025 050 ***150.00

1. Entity Name



TERRAX EQUITIES, INC. Mailing Address Principal Place of Business 2278 SPRINGS LANDING BLVD. PO BOX 915588 LONGWOOD FL 32779 LONGWOOD FL 32791-5588 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEl Number City & State City & State Applied For 59-3171955 Not Applicable Zip Country Country Zip \$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 WALL, RICHARD F Street Address (P.O. Box Number is Not Acceptable) SUITE 2810, SUN BANK TOWER 200 S. ORANGE AVENUE ORLANDO FL 32801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Addition TITLE ☐ Defete MAYER, HENRY D NAME NAME 2278 SPRINGS LANDING BLVD STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-7IP TITLE . ☐ Delete ☐ Addition TITLE Change MAYER, PATRICIA R NAME NAME 2278 SPRINGS LANDING BLVD STREET ADDRESS STREET ADDRESS LONGWOOD FL 32779 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE 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-7IP

12. 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 10 or Block 11 if changed, or on an attachment with an ad

SIGNATURE:

CR2E034 (10/02)