## DOCUMENT # P93000031816 **FILED** Jan 10, 2001 8:00 am Secretary of State WRIGHT BROTHERS GARDEN WORLD, INC. 01-10-2001 90091 011 \*\*\*150.00 Principal Place of Business Mailing Address 2474 HOWLAND BLVD 2474 HOWLAND BLVD DELTONA FL 32738 DELTONA FL 32738 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 59-3190466 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WRIGHT, DENNIS E. Street Address (P.O. Box Number is Not Acceptable) 2474 HOWLAND BLVD. **DELTONA FL 32738** Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE Change ☐ Addition TITLE WRIGHT, DENNIS E. NAME STREET ADDRESS 2474 HOWLAND BLVD. STREET ADDRESS CITY-ST-ZIP **DELTONA FL** CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE WRIGHT, KAREN R. NAME NAME 2474 HOWLAND BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELTONA FL** ☐ Delete ☐ Change ☐ Addition TITLE TITLE WRIGHT, KAREN R NAME NAME STREET ADDRESS 2474 HOWLAND BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE WRIGHT, KAREN R. NAME STREET ADDRESS 2474 HOWLAND BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELTONA FL ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition 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 appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

04-789-0073