2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000039581 Apr 10, 2000 8:00 am Secretary of State FOUR-D ENTERPRISES LTD., INCORPORATED 04-10-2000 90022 049 ***150.00 Mailing Address Principal Place of Business 10 FOREST GROVE PLACE 10 FOREST GROVE PLACE FT WALTON BEACH FL 32548-6355 FT WALTON BEACH FL 32548 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 59-3188808 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOOKS, BOBBY D Street Address (P.O. Box Number is Not Acceptable) 10 ROREST GROVE PLACE FT WALTON BEACH FL 32548 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) 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE NAME HOOKS, BOBBY D STREET ADDRESS STREET ADDRESS 10 FOREST GROVE PLACE CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Addition TITLE ☐ Delete ☐ Change NAME HOOKS, EUGENIA A NAME STREET ADDRESS STREET ADDRESS 10 FOREST GROVE PLACE CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32548 Addition ☐ Change TITLE ☐ Delete TITLE TD NAME HOOKS, BARBARA D NAME STREET ADDRESS STREET ADDRESS 10 FOREST GROVE PLACE CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL 32548 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME 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

SIGNATURE: Bobby D. Hooks 3-3-3-3-3 334-792