

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

74388

|               |           |                |
|---------------|-----------|----------------|
| 4. FEI Number | 593193565 | Applied For    |
|               |           | Not Applicable |

**7. Name and Address of New Registered Agent**

P.O. Box Number is Not Acceptable)

|    |          |
|----|----------|
| FL | 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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE Registered Agent signature required when reinstating.)

DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

**FILE NOW!!**  
After MAY 1, 2000  
Make Check Payable

FEE IS \$150.00  
Fee will be \$550.00  
to Department of State

**10. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |                     |                                 |
|-----------------|---------------------|---------------------------------|
| TITLE           | President           | <input type="checkbox"/> Delete |
| NAME            | Willie Hamilton     |                                 |
| STREET ADDRESS  | 3833 S. Denton Cir. |                                 |
| CITY - ST - ZIP | Cocoa, Fl. 32926    |                                 |
|                 |                     |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

| TITLE          | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

| TITLE          | <input type="checkbox"/> Delete |
|----------------|---------------------------------|
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY- ST- ZIP  |                                 |

| TITLE           | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-----------------|---------------------------------|-----------------------------------|
| NAME            |                                 |                                   |
| STREET ADDRESS  |                                 |                                   |
| CITY - ST - ZIP |                                 |                                   |

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

| TITLE          | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|----------------|---------------------------------|-----------------------------------|
| NAME           |                                 |                                   |
| STREET ADDRESS |                                 |                                   |
| CITY-ST-ZIP    |                                 |                                   |

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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.

SIGNATURE: Willie Hamilton Willie Hamilton  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone #

CR2E034 (11/00)