2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

WOGAN S. PHINTED WANTER SIGN

Feb 14, 2000 8:00 am Secretary of State DOCUMENT # P93000045673 BADCOCK PROPERTIES, INC. 02-14-2000 90007 043 ***150.00 Mailing Address Principal Place of Business 200 PHOSPHATE BOULEVARD 200 PHOSPHATE BOULEVARD MULBERRY FL 33860-2328 MULBERRY FL 80018408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3189378 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEYER, JAMES R Street Address (P.O. Box Number is Not Acceptable) 225 SOUTH CENTRAL AVENUE BARTOW FL 33830 Zip Code City 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition ☐ Delete Change TITLE BADCOCK, WOGAN S III NAME STREET ADDRESS STREET ADDRESS 3529 CREWS LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Defete TITLE ☐ Change ☐ Addition TITLE BADCOCK, HENRY C NAME NAME STREET ADDRESS 1976 VISTA VIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Change ____Addition_ Delete TITLE BADCOCK, BEN M NAME NAME 1202 KELLS COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 ☐ Change ☐ Addition ☐ Delete TITLE TITLE DAUGHTREY, ELIZABETH B NAMÉ NAME STREET ADDRESS 2416 FAIRMONT AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 Change Addition ☐ Delete TITLE TITLE STILES, MARY B MAWHINNEY, MARY NAME STREET ADDRESS 1404 BRIARWOOD DRIVE STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP LAKELAND FL ☐ Change Addition ☐ Delete TITLE 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 indicate I 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 fixe empowered.

FILED

(863) 425-4921

Davtime Phone #

2/7/00