2003 FOR PROFIT CORPORATION

May 05, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P93000052579 DOCUMENT # 1. Entity Name 05-05-2003 90374 044 ***150.00 CALCO OIL COMPANY Principal Place of Business Mailing Address 110 RAND YARD ROAD 110 RAND YARD ROAD **11000004** SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3197962 Not Applicable Zip Country Zip Country \$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. SCHULTE, J. TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 315 E ROBINSON ST SUITE 600 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ** TITLE ☐ Change Delete LETCHWORTH, CHARLES A NAME NAMÉ. STREET ADDRESS 110 RAND YARD ROAD STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME BAILEY, JOAN M STREET ADDRESS STREET ADDRESS 110 RAND YARD ROAD CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Addition TITLE Delete TITLE ☐ Change NAME van Kirk, John H NAME STREET ADDRESS 110 RAND YARD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 privilege 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Addition