TITLE VD Delete TITLE NAME MITCHELL LELA M STREET ADDRESS 13039 EASON CROSSING RD CITY-ST-ZIP BOSTON GA 31626 CITY-ST-ZIP CITY-ST-ZIP				RT (UBR		FILE May 01, 200 Secretary	1 08:00			
2. Principal Place of Beaness 3. Making Address 5. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite. Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number Applied For Not Appli	•		•							
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S. Ocurity S. Dourty S. Cordicate of Status Desired S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-		DO NOT WA	ITE IN THIS SPA	CE	–	
Zip Country S. Certificate of Status Desired S. S. 75 Accellanced Fee Required 8. Name and Address of New Registered Agent 7. Name and Address of New Registe	City & State	9	City & State	···-					-]
FENNINGTON CARL RIP PENNINGTON CARL RIP 373-CACPITAL CRICLE NE 18	Zip	Country	Zip	Country	-			.75 Add	ditional	-
PENNIKTON CARL RUR 33598 US TALLAHASSE FL 32398 US TALLAHASSE FL 32398 US TALLAHASSE FL 32398 US TALLAHASSE FL 32398 US The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE OSFOLIZOUT OSTOLIZOUT OST		6. Name and Address of Current R	egistered Agent		7. N	Name and Address of New		•		1
Description of 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. 1					iress (P.O. B	ox Number is Not Acceptab	le)			
SIGNATURE Signature. Ipea or period rame of migrature apont and title ill experience. In Corresponding its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature. Ipea or general rame of registered apont and title ill experience. In Correct Page provide agent agent are restarted unto restarting: 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 10. FILE NOW!!! FEE IS \$150.00. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax filting requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 10. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 13. Inter Johns Passon CROSSING RD 13. Inter Johns Passon CROSSING RD 13. Inter Johns Passon CROSSING RD 14. Sister Johns Passon CROSSING RD 15. Inter Jo				City			EI	Zip Code	e	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria or back) N STREET ADDRESS 11. OFFICERS AND DIRECTORS Added to Fees Trust Fund Contribution. Debte TITLE VD Added to Fees TITLE VD Added to Fees TITLE VD Added to Fees TITLE VD Added to Fees Added to Fee	8. The above	named entity submits this statement for	he purpose of changing its re	egistered office or re	egistered ag	ent, or both, in the State of F				
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS IN 11. OFFIC	SIGNATURE .	Signature broad or printed game of pre-interest	d shife if an all and a shift if		· · · · · ·			001	<u> </u>	
TITLE VD	9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2001			FEE IS \$150.00 Fee will be \$55	0.00	10. Election Campaign F	inancing	\$5.0 Added	0 May Be I to Fees	
MAME MITCHELL LELA M SINET ADDRESS SINET ADD	11.	OFFICERS AND D	IRECTORS	12.	AD	DITIONS/CHANGES TO OF	FICERS AND DI	RECTORS	3 IN 11	1
TITLE P GANNE GOATHER GASTY MITCHELL P GASTY MITCHELL P GASTOPRESS CITY-ST-ZIP TITLE S GASTOPRESS GASTOPRES GASTOPRESS G	NAME STREET ADDRESS	MITCHELL LELA M 13039 EASON CROSSING RD		NAME STREET ADDRESS				Change	☐ Addition	:034 (11/00)
NAME DURRANCE PATRICIA B. NAME STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 31757 CITY-ST-ZIP THOMASVILLE GA 31757 CITY-ST-ZIP THOMASVILLE THOMASVILLE GA TITLE NAME DANIEL JOHN N. III NAME NAME NAME NITCHELL LELA MCCARTY THOMASVILLE GA CITY-ST-ZIP THOMASVILLE GA CIT	NAME STREET ADDRESS	DANIEL III JOHN N 15187 US HWY 84 E	•	NAME STREET ADDRESS				Change	Addition	CR2E
NAME STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA 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: LELA MCCARTY MITCHELL P 05/01/2001	NAME STREET ADDRESS	DURRANCE PATRICIA B. 3055 CONE RD		NAME STREET ADDRESS			<u> </u>	Change	☐ Addition	
NAME MITCHELL LELA MCCARTY STREET ADDRESS CITY-ST-ZIP THOMASVILLE GA CITY-ST-ZIP THOMASVILLE GA CITY-ST-ZIP THOMASVILLE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE 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: LELA MCCARTY MITCHELL P 05/01/2001	NAME STREET ADDRESS	DANIEL JOHN N. III RT 1 BOX 445		NAME STREET ADDRESS		-		Change	☐ Addition	!
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	of the cor	poration or the receiver or trustee empoy	rered to execute this report as	ne exemption state						
	SIGNAT			DIRECTOR	P		Davtır	e Phone #		