2001 UNIFORM BUSINESS REPORT (UBR) -

FILED Feb 02, 2001 8:00 am Secretary of State DOCUMENT # **P93000074890** NATURAL WOODLANDS REALTY, INC. 02-02-2001 90045 001 ***300.00 Principal Place of Business Mailing Address 1929 E RED PADGETT RD PO BOX 261 PERRY FL 32347 PERRY FL 32348 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3207830 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 Name MINCY, JIMMY R JR Street Address (P.O. Box Number is Not Acceptable) HIGHWAY 19S & PADGETT ROAD PERRY FL 32347 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE ☐ Delete Change NAME MINCY, JIMMY R JR. STREET ADDRESS STREET ADDRESS RT 1 BOX 546 CITY-ST-ZIP CITY-ST-ZIP PERRY FL ☐ Delete TITLE ☐ Change ☐ Addition NAME MINCY, JIMMY NAME STREET ADDRESS 310 BISHOP BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURÉ: SIGNATURE AND TYPED OR DENTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7IP

Jimmy R. Mincy, Jr./President

01/23/01

850/584-8523

Daytime Phone #