2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 06, 2002 8:00 am Secretary of State P93000081470 DOCUMENT # 1. Entity Name 05-06-2002 90019 032 ***150.00 P & F. INC. Mailing Address Principal Place of Business 3164 RED BUD LANE 3164 RED BUD LANE MARIANNA FL 32446 MARIANNA FL 32446 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3216382 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHILLABAUM, DONNA J Street Address (P.O. Box Number is Not Acceptable) 3164 RED BUD LANE MARIANNA FL 32446 Zip Code City Fl 8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Agent signature required when reinstating) 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME FRENTON, STEVEN A STREET ADDRESS STREET ADDRESS 3166 RED BUD LANE CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Addition ☐ Delete Change TITLE NAME NAME FRENTON, BOBBIE Jac STREET ADDRESS STREET ADDRESS 3166 RED BUD LANE CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME PHILLABAUM, JERRY N STREET ADDRESS STREET ADDRESS 3164 RED BUD LANE CITY-ST-7IP CITY-ST-ZIP Marianna FL 32446 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME PHILLABAUM, DONNA J STREET ADDRESS STREET ADDRESS 3164 RED BUD LANE CITY-ST-7IP CITY-ST-ZIP MARIANNA FL 32446 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED