FILED 2002 UNIFORM BUSINESS REPORT (UBR) Mar 07, 2002 8:00 am P94000005396 DOCUMENT # Secretary of State 1. Entity Name 03-07-2002 90062 036 ***150.00 JAMES L. PARRIS, INC. Principal Place of Business Mailing Address 7432 HARVEST VILLAGE CT. 7432 HARVEST VILLAGE CT. NAVARRE FL 32566 NAVARRE FL 32566 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 60 VIN Blud, #3105 4. FEI Number Applied For City & State 65-0454693 Not Applicable Country WKIA1005A \$8.75 Additional Zip 3と541 5. Certificate of Status Desired Fee Required 3254 QKIA 100SA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PARRIS, JAMES L Street Address (P.O. Box Number is Not Acceptable) 7432 HARVEST VILLAGE CT. -NAVARRE FL-32566 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. 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 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 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 i 11. 12. Change TITLE ☐ Delete TITLE PARRIS JAMES L. Blud. #3105 260 VININGS WAY Blud. #3105 PARRIS, JAMES L. NAME 7432 HARVEST VILLAGE CT STREET ADDRESS *STREET ADDRESS DEStin FL 32541 NAVARRE FL 32566 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition STD X Delete TITLE TITLE RILEY, JANICE E. NAME NAME 318 ELLJOT RD SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME

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 attach nent with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #