2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State DOCUMENT # P94000011478 Entity Name TGO REALTY, INC. 04-13-2000 90045 009 ***150.00 Principal Place of Business Mailing Address 135 PLANTATION DR. 135 PLANTATION DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780-2528 2. Principal Place of Business 3. Mailing Address DR PO Box 3767 125 PLANTATION Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3225978 TITUSVICKE, A as a Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 924.376 3 27 8 C U S υS Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDANIEL, LARRY Street Address (P.O. Box Number is Not Acceptable) 135 PLANTATION DR TITUSVILLE FL 32780 Zip Code City 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, 2000 Fee will be \$550.00 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 11. 12. Change Addition TITLE ☐ Delete MCDANIEL, LARRY NAME PLANTATIO STREET ADDRESS 135 PLANTATION DR STREET ADDRESS 32780 CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL TITLE ☐ Delete TITLE NAME PATRICK E DIDOMENICO NAME STREET ADDRESS 135 PLANTATION DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE, FL Change Addition ☐ Delete TITLE TITLE NAME JUDY ROCKWELL NAME STREET ADDRESS STREET ADDRESS PLANTATION DR CITY-ST-ZIP CITY-ST-ZIP THUS VILLE, PL 37780 ☐ Change Addition ☐ Delete TITLE TITLE NAME 5000D NAME ゴンア STREET ADDRESS 135 BLANTATION STREET ADDRESS 327 80 CITY-ST-ZIP TRUSTILLE PL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE MALGEM R. KILSCHENBRUM NAME BLANTATINA DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUS VILLE, PL ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Jim Swann

321-631-2022

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

SIGNATURE: