May 01, 2003 8:00 am Secretary of State 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** P94000023556 DOCUMENT # 05-01-2003 90288 038 ***150.00 DEAN WILKERSON & ASSOCIATES, INC. Principal Place of Business Mailing Address 1044 HWY 98 E., # 1506 1044 HWY 98 E., # 1506 DESTIN FL 32541 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Addres 1077 HIGHWAY 98 KAST 1077 Suite, Apt. ☐ CHECK HERE IF MAKING CHANGES ID City & State 4. FEI Number Applied For 59-3261728 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKERSON, DEAN Street Address (P.O. Box Number is Not Acceptable) 1044 HWY 98 E., # 1506 DESTIN FL 32541 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. I am familiar with, and accept the obligations of registered agent. **S**GNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change Addition TITLE TITLE ☐ Delete WILKERSON, DEAN NAME NAME 1617 HISHWAY 98 hass STE, 100 1044 HWY 98 E., # 1506 STREET ADDRESS STREET ADDRESS **DESTIN FL 32541** CITY-ST-ZIP CITY-ST-ZIP 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-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP-CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with allether

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SIGNATURE:

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