2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9400025211 May 17, 2000 8:00 am Secretary of State BLOUNT/MCNEIL, INC. 05-17-2000 90925 017 ***150.00 Principal Place of Business Mailing Address 34851 EMERALD COAST PKWY 34851 EMERALD COAST PKWY **DESTIN FL 32541-3354** DESTIN FL 32541 HS 954958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FEI Number Applied For 59-3245901 Not Applicable 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 Davage J. Runnels, III C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 36468 Emerald Coast Parkway 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 Suite 2201 Destin ne purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named eptity 4/24/00 Davage J. Runnels, III SIGNATURE nt 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 After MAY 1, 2000 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 11. 12. Director/President ☐ Addition Change TITLE Delete NAME MCNEIL, JOHN A JR NAME STREET ADDRES STREET ADDRESS 4502 OLDE PLANTATION PL CITY-ST-ZIP CITY-ST-ZIP DESTIN FL Director/Secretary X Addition TITLE Delete TITLE NAME W. Houston Blount NAME STREET ADDRESS STREET ADDRESS 4117 Old Leeds Lane CITY-ST-ZIP CITY-ST-ZIP Birmingham, AL 35213 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

OLICAN SIGNATURE AND TYPED OF PRINTED NA

John H. Mcneil I. 4/24/00

850-660-9933

Daytime Phone #