2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P9400032737** May 24, 2000 8:00 am Secretary of State W. J. BAUER INCORPORATED 05-24-2000 90084 001 ***150.00 Principal Place of Business Mailing Address 1500 W FAIRBANKS POR 1659 WINTER PARK FL 32789 **DESTIN FL 32540-1659** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3253275 Not Applicable 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 Name NRAI SERVICES, IN. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE STE 105 TALLAHASSEE FL 32301 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible. FILE NOW!!! FEE: IS \$150.00 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. \Box Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. Change ■ Addition TITLE ☐ Delete FERRILL, CLAYTON NAME NAME Z, STREET ADDRESS STREET ADDRESS 1500 W FAIRBANKS CITY-ST-ZIP CITY-ST-7IP WINTER PARK FL 32789 X Change ☐ Addition ☐ Delete TITLE TITLE Charles E. Earles MODLIN, KIMBERLY S NAME NAME 20011 Emerald Coast Pkwy STREET ADDRESS 20011 EMERALD COAST PKWY STREET ADDRESS CITY-ST-ZIP Destin, FL 32541 CITY-ST-ZIP DESTIN FL 32541 Addition ☐ Delete TITLE TITLE Robert L. Christensen NAME NAME 20011 Emerald Coast Pkwy STREET ADDRESS STREET ADDRESS Destin, FL 32541 CITY-ST-ZIP CITY-ST-ZIP X Addition ☐ Delete TITLE Change NAME Harry S. Treese 3901 West Waco Waco, TX 76710 STREET ADDRESS STREET ADDRESS Drive CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 true expression block 11 or Block 12 if changed, or on an alter method with an address, with all other the empowered.

Charles E. Earles, Sec. 43/00 850-837-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #