

Principal Place of Business SAM ALLEN RD. CITY FL 33565		Mailing Address 2101 SAM ALLEN RD. PLANT CITY FL 33565-5043	
Principal Place of Business 2051 SAM ALLEN RD PLANT CITY		3. Mailing Address 2051 W SAM ALLEN	
City & State		City & State	
Country		Country	
4. FEI Number 59-3254680		Applied For Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Nancy Stewart (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 3/12/2000

This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
DP ADDRESS ST-ZIP MCCLOUGHLIN, NANCY S 2101 SAM ALLEN RD. PLANT CITY FL 33565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP Nancy Stewart Inten close	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V ADDRESS ST-ZIP NORTHCUT, CYNTHIA L 2101 SAM ALLEN RD. PLANT CITY FL 33565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST ADDRESS ST-ZIP GORDON, PAMELA C 2101 SAM ALLEN RD. PLANT CITY FL 33565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Signature: *Nancy Stewart* (Signature and typed or printed name of signing officer or director) Date: 3/12/2000 Daytime Phone #