2000 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2000 8:00 am Secretary of State DOCUMENT # **P94000050774** A & G INVESTMENT GROUP, INC. 04-28-2000 90132 009 ***150.00 Mailing Address Principal Place of Business 3010 SADDLE CREEK RD. 3010 SADDLE CREEK RD. LAKELAND FL 33801 LAKELAND FL 33801-9638 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3256054 Not Applicable Zip Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THORNTON, W S Street Address (P.O. Box Number is Not Acceptable) 3010 SADDLE CREEK CORPORATION LAKELAND FL 33801 City Zip Code 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change Delete TITLE LYONS, THOMAS D NAME STREET ADDRESS STREET ADDRESS 1340 \$ LAKE MIRROR DR CITY-ST-ZIP CITY-ST-ZIE WINTER HAVEN FL □ Delete TITLE ☐ Change ☐ Addition TITLE THORNTON, WILLIAM S NAME NAME STREET ADDRESS STREET ADDRESS 1151 INTERLOCHEN BLVD CITY-ST-ZIP CITY-ST-ZIF WINTER HAVEN FL 32884 ☐ Change Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Daytime Phone #