2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # P94000084795 1. Entity Name 05-01-2000 90063 019 ***150.00 CARL & JACK INVESTMENTS, INC. Principal Place of Business Mailing Address 900 SUNCREST LANE 900 SUNCREST LANE TOCCCOUK ENGLEWOOD FL 34223-2848 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0539134 Not Applicable Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUNNICUTT, JASPER W Street Address (P.O. Box Number is Not Acceptable) 900 SUNCREST LANE ENGLEWOOD FL 34223 Zip Code City 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) 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS AND DIRECTORS 12. Change ☐ Addition TITLE Delete TITLE WEAVER, ELBERT C NAME NAME POST OFFICE BOX 867 N/A STREET ADDRESS STREET ADDRESS ENGLEWOOD FL: 34295-0867 CITY-ST-ZIP CITY-ST-ZIP . ☐ Change ☐ Addition TITLE Delete HUNNICUTT, VIRGINIA N NAME NAME 900 SUNCREST LANE STREET ADDRESS STREET ADDRESS **ENGLEWOOD FL 34223** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE HUNNICUTT, JASPER W NAME NAME 900 SUNCREST LANE STREET ADDRESS STREET ADDRESS ENGLEWOOD FL --CITY-ST-ZIP CITY-ST-ZIP ... ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Defete TITLE 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-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR