Apr 16, 1999 8:00 am Secretary of State

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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9500000319

1. Corporation Name

R AND J SERVICES OF SARASOTA, INC.

| | | | | | | | | | | | (1 810 10 11 10 1 8 |
|---|--|---------------------|---------------------|--------------------|--------------------|----------------------|------------------------------|---|--------------------------|-----------------|-----------------------------------|
| Principal Place of Business Mailing Address | | | | | | | | | | | |
| 7690 RICHARDSON RD 7690 RICHARDSON RD | | | | | | | | | | | |
| SARASOTA FL 34240 | | | SARASOTA FL 34240 | | | | DO NOT WRITE IN THIS SPACE | | | | |
| | | | | | | | 3. | Date Incorporated or Qualifed | | | |
| | | | | | | | | 01/01/1995 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | | | | FEI Number | | Apı | plied For |
| 21 26 | | | J | | | | | 65-0546520 | | Not | t Applicable |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | E | Certificate of Status Desired | | \$8.75 A | |
| 22 | | 27 | 27 | | | | , | - Certificate of otation beautiful | <u> </u> | Fee Re | quired |
| City & State | • | City | City & State | | | | _ | Election Campaign Financing | П | \$5.00 | |
| 23 | | 28 | | | | | | Trust Fund Contribution | | Added to | o Fees |
| Zip | Country | Zip | г | Country | • | | | This corporation owes the curr | ent year Inta | angible □Yes | € No |
| 24 | 25 | 29 | C | 30 | _ | | | Personal Property Tax. Name and Address of New F | agistared i | | <u>(*)</u> 140 |
| · | 9. Name and Address of Current | Registered | Agent | 81 | Τ. | Name | 10. | Maille allo Address of New I | egistered i | -your | |
| GRU | BBS, J RAY | | | . [6, | | | | <u> </u> | | | |
| 7690 RICHARDSON RD | | | 82 | | Street Addres | ss (P. | O. Box Number is Not Accepta | ıble) | | | |
| SARASOTA FL 34240 | | | 83 | + | _ | | | | | | |
| • | | | | | | | | | | | |
| | | | | 84 | 1 | City | | | FL | 85 Zip C | Code |
| 44 Diversions | to the provisions of Sections 607.0502 | and 607 15 | OS Florida Statuto | s the abov | <u>L</u> | named comor | ation | submits this statement for the | purpose of | changing its | registered |
| -45 05-5 | anistared againt or both in the State o | √FElorida Su | ich change was all' | thorized by | Th. | ne corporation | 's bo | ard of directors. I hereby accept | the appoir | ntment as req | gistered |
| agent. I ai | m familiar with, and accept the obligat | ions of, Sect | ion 607.0505, Flori | da Statutes | š. | | | • | | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applic | able (NOTE: F | Registered Age | nt s | signature required v | when re | einstating) | DATE | | |
| 12. | OFFICERS ANI | | | 13. | | | | ADDITIONS/CHANGES TO OF | FICERS AN | D DIRECTO | RS IN 12 |
| TITLE | D | | [] DELETE | 1.1 TITLE | | | | | | ☐ Change | ☐ Addition |
| NAME | GRUBBS, J RAY | | | 1.2 NAME | | | | • | | | l |
| STREET ADDRESS | 7690 RICHARDSON RD | | | 1.3 STREE | TA | DDRESS | | | | | } |
| CITY-ST-ZIP | SARASOTA FL 34240 | | | 1.4 CITY- S | 3T-2 | ZIP | | | | | |
| TITLE | | | | 2.1 TITLE | 2.1 TITLE | | | | | Change | ☐ Addition |
| NAME | GRUBBS, E JUNE | | | 2.2 NAME | | | | | | | |
| STREET ADDRESS | | | | 2.3 STREE | 2.3 STREET ADDRESS | | | | | | Ì |
| CITY-ST-ZIP | SARASOTA FL 34240 2 | | 2. 4 CITY- | 2. 4 CITY-ST-ZIP | | | | | | | |
| ΠLE | DELETÉ 3.1 TI | | 3.1 TITLE | 3.1 TITLE | | • | | | ☐ Change | ☐ Addition | |
| NAME | 3.2 | | 3.2 NAME | 3.2 NAME | | | | | | | |
| STREET ADDRESS | 3.3 | | 3.3 STREE | 3.3 STREET ADDRESS | | | | | | } | |
| CITY-ST-ZIP | 34.6 | | 3.4. CITY-1 | 3.4. CITY-ST-ZIP | | | | | | | |
| TITLE | | | ☐ DELETE | 4.1 TITLE | | 1 | | | | ☐ Change | ☐ Addition |
| NAME | | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | | | 4.3 STREE | ΤA | NODRESS | | | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-5 | ST-2 | ZIP | | | | | |
| TITLE | | | ☐ DELETE | 5.1 TITLE | | | | | | Change | ☐ Addition |
| NAME | | | | 5.2 NAME | | - | | • | | | ſ |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ DELETE

☐ Change

☐ Addition