2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 95 00000 9 3 4 7					
MUGINNIS C	MCGINNIS CARPENTIZY, INC.			FILED	
Principal Place of Business	\mathcal{F}			00 JUN 23 AM 10: 17	
11"705 S.W MEADOWLARK CIR			SECRETARY OF STATE		
STUART FL 34997			TALLAHASSEE	FLORIDA	
2. Principal Place of Business					
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS	SPACE	
City & State	City & State		1. FEI Number 050710	Applied For Not Applicable	
Zip Country	!. Zip	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current	Name		7. Name and Address of New Registered	7. Name and Address of New Registered Agent	
	WILLIAM INGRAM C. P.A 11130 G. & FEDERAL HWY Street		Address (P.O. Box Number is Not Acceptable)		
HOBE SOUND	HOBE SOUND FL				
	33 455	City	FL	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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
2. This corporation is eligible to satisfy its Intengible— Tax filing requirement and elects to do so. (See criteria on back) FILE NOWILI FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State To. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees					
11. OFFICERS AND TITLE DESIDENT	□ Delete	■ 12. ■ TITLE	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11 Change Addition	
NAME TO A A A A A A A A A A A A A A A A A A	- IAIAIIC	NAME		_ , _	
STREET ADDRESS CITY-ST-ZIP TITLE NAME VEL - PRESIDENT	Delete	THILE		☐ Change ☐ Addition	
STREET ADDRESS WENDY ML BINNI	SOW LARK GR	NAME STREET ADDRESS	400003328 07/19/000		
STREET ADDRESS CITY-ST-ZIP TITLE ST VARCT	-L 34997	CITY-ST-ZIP TITLE		***155_00 Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	•	· •••	
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STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		·	
TITLE	Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		NAME Street address City-St-Zip	,		
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 its reportation 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 office a 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.					
SIGNATURE: Morring E. M. Spring THOMAS & M. GANNIS 6/11/00 220-7373 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PICES. Date Daylime Phone #					

CR2E034 (9/99)

DEAR DEPT. OF STATE

PLEASE ACCEPT MY TARPY 2000 CORP. BUSINESS REPORT. IN CONVERSATION WITH YOUR OFFICE CAST WEEK, I WAS TOLD TO PEQUEST THIS NEW U.B. R FORM AND MAIL IT AS SOON AS POSSIBLE, 1 RECEIVED IT SAT-URDAY AND AM MAILING IT TODAY 6/12/00. MY OPIBINAL WAS MAILED BUT IN MY SHORTLOMINGS MAY HAVE MISPLACED IT -NOW I GIVCERELY HOPE YOUR OPPICE CAN FORBIVE MY TARDINESS AND STUPIDITY. THE OFFICER 1 SPOKE TO SUGGESTED EVERY YEAR I MARK ON MY CALENDER THE DATE 1 SHOULD BE MAILING THES REPORT OUT. / WILL TRY TO CORPECT TITIS IN THE PUTURE. PLEASE EXCUSE ME SINCERELY

THOMAS E. McGINNIS, purs.