FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2001 8:00 am DOCUMENT # P95000015820 Secretary of State SUMNER & SONS, INC. 03-14-2001 90005 045 ***150.00 Principal Place of Business Mailing Address 385 PARKWAY CT PO BOX 1198 FT MYERS FL 33919 SANIBEL FL 33957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 65-0563043 City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUMNER, STEVEN M Street Address (P.O. Box Number is Not Acceptable) 385 PARKWAY CT FT MYERS FL 33919 Zip Code City FI 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE TITLE ☐ Change ☐ Delete SUMNER, STEVEN M NAME NAME 385 PARKWAY CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT MYERS FL 33919 CITY-ST-ZIP TITI F ☐ Change □ Addition TITLE ☐ Delete SUMNER, DARLENE A NAME NAME STREET ADDRESS 385 PARKWAY CT STREET ADDRESS CITY-ST-7IP FT MYERS FL 33919 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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

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 60?, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackment with an address, with all other like empowered.

SIGNATURE:

Lucik Mecce Steve Sumner, President

3/12/61 Days

Daytime Phone #

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