FILED

DOCUMENT # **P95000029041** May 19, 2000 8:00 am Secretary of State 1. Entity Name PANHANDLE WELDING SERVICES. INC. 04-24-2000 90015 011 ***150.00 Principal Place of Business Mailing Address P.O. BOX 5045 P.O. BOX 5045 DESTIN FL 32540-5045 DESTIN FL 32540 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Sulte, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-33 12282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HALL, CAROLYN V Street Address (P.O. Bpx Inding (P.O. Box Number is Not Acceptable) 151 MARY ESTHER BLVD. SUITE 307-A 32541 DESTIN MARY ESTHER FL 32569 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) and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 19. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 PD Addition ☐ Delete TITLE CR2E034 (9/99 TIT! F BOLIN, TERRY D NAME NAME STREET ADDRESS 704 FOREST ST STREET ADDRESS CITY-ST-ZIP **DESTIN FL** CITY-ST-ZIP Change Addition SD TITLE ☐ Delete **BOLIN, RONDA F** NAME NAME STREET ADDRESS STREET ADDRESS 704 FOREST ST CITY-ST-ZIP CITY-ST-ZIP **DESTIN FL** Change Addition Delete TITI S TITLE COOK, MIKE NAME NAME STREET ADDRESS 146 RED BARN RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FREEPORT FL 32439 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-SI-ZIP

TITLE NAME

[] Change

☐ Addition