2003 FOR PROFIT CORPORATION

FILED Jan 30, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P95000042716 DOCUMENT # 1. Entity Name 01-30-2003 90106 012 ***150.00 BRUCE WILLIAMS FARM ASSOCIATES, INC. Principal Place of Business Mailing Address 814 6TH AVENUE WEST 814 6TH AVENUE WEST **BRADENTON FL 34205 BRADENTON FL 34205** 2. Principal Place of Business 3. Mailing Address 714 Manatee Ave. East 714 Manatee Ave. E. Suite, Apt. #, etc. Suite, Apt. #, etc. XX CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0582279 Bradenton, Florida Bradenton, Florida Not Applicable Zip _.Country ___ _ \$8.75 Additional *5. Certificate of Status Desired 34208 34208 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Lloyd E. Williams MCGUIRE PRATT MASIO, & FARRANCE, PA Street Address (P.O. Box Number is Not Acceptable) 616 Hillcrest Drive Northwest 1001 - 3RD AVENUE WEST, SUITE 600 **BRADENTON FL 34205** Bradenton, Florida 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent. SIGNATURE DATE printed name of registered agent ar FE: Registered Agent signature required when reinstating) FILE-NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11, TITLE TITLE Change ☐ Addition ☐ Delete NAME WILLIAMS, LLOYD E JR NAME STREET ADDRESS 616 HILLCREST DR NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-ZIP TITLE SVP Delete TITLE Change ☐ Addition NAME WILLIAMS, BRITTON H NAME STREET ADDRESS 113 30TH STREET WEST STREET ADDRESS CITY-ST-ZIP BRADENTON FL --TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

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