2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000060143 May 11, 2000 8:00 am Secretary of State CITRUS MORTGAGE CORP. 05-11-2000 90370 001 ***300.00 Principal Place of Business Mailing Address 1717 INDIAN RIVER BOULEVARD 1717 INDIAN RIVER BOULEVARD SUITE 100 SUITE 100 VERO BEACH FL 32960-0800 VERO BEACH FL 32961 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0671926 Not Applicable Country Zip Country Zip \$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 Name RILEY, RANDY J. Street Address (P.O. Box Number is Not Acceptable) 1717 INDIAN RIVER BOULEVARD SUITE 100 VERO BEACH FL 32961 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 OFFICERS AND DIRECTORS 12. 11. Change Addition Delete TITLE TITLE COX, JOSH C JR. NAME NAME 1717 INDIAN RIVER BOULEVARD, STE. 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Addition ☐ Change TITLE TITLE X Delete SPEIGHT, HENRY O NAME NAME 1717 INDIAN RIVER BOULEVARD, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change RILEY, RANDY NAME NAME 1717 INDIAN RIVER BOULEVARD, SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH FL 32960 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 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 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randy J. Riley, President

4/28/00

Daytime Phone #