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RICHARD, BLINN & HALDIN, P.A.

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September 5, 1995

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****122.50 ****122.50

Corporate Records Bureau
Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, FL 32314

Re: B.U.N.S. Enterprises, Inc.

Dear Sir/Madam:

Enclosed are the original and one duplicate of the proposed Articles of Incorporation of the above captioned corporation.

Please endorse your approval of the articles on the duplicate copy, certify same, and return the certified copy of this office in the enclosed mailing envelope. It is understood that the original document with your endorsed approval is to be filed in your records pursuant to Florida law.

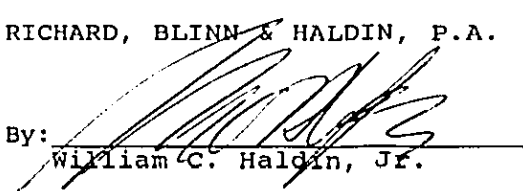
A check in the amount of \$122.50 is enclosed to cover the filing fee and certification of the copy.

If any further charges are required, or if, for any reason, the articles do not meet current requirements, please so notify the undersigned by collect telephone call (904) 351-3000.

Sincerely,

RICHARD, BLINN & HALDIN, P.A.

By:


William C. Haldin, Jr.

WCH/uf

Enclosures

cc: Daniel M. Griffin

FILED
90 SEP -6 AM 11:56
TALLAHASSEE, FLORIDA

1 SN SEP 11 1995

**ARTICLES OF INCORPORATION
OF
B.U.N.S. ENTERPRISES, INC.**

FILED
29 SEP -6 AM 11:56
DEPT. OF STATE
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, hereby adopts the following Articles of Incorporation:

ARTICLE I: Name

The name of the corporation is B.U.N.S. ENTERPRISES, INC.

ARTICLE II: Business

The corporation may engage in any activity of business permitted under the laws of the United States and Florida.

ARTICLE III: Stock

The total number of shares of stock which the corporation will have authority to issue is One Hundred (100) shares of One Dollar (\$1.00) per share par value Class A common stock. All of said stock will be payable in cash or real or personal property or such consideration as may be fixed by the shareholders.

ARTICLE IV:

Registered Agent and Address and Principal Office

The initial address of the registered office of the corporation is 1119 S. Pine Avenue, Ocala, Florida 34471.

The name of the corporation's registered agent at said address is Daniel M. Griffin.

The principal business office of the corporation is 1119 S. Pine Avenue, Ocala, Florida 34471.

ARTICLE V:

Management of Corporation by Shareholders

All corporate powers will be exercised by or under the authority of, and the business of the corporation will be managed by the shareholders rather than a Board of Directors, including the power to adopt, alter, amend, or repeal by-laws.

ARTICLE VI: Effective Date

The corporation will commence existence on acceptance of these Articles of Incorporation by the Secretary of State of Florida.

ARTICLE VII: Incorporator

Following is the name and street address of the person signing these Articles as incorporator: Daniel M. Griffin, 1119 S. Pine Avenue, Ocala, Florida 34471.

ARTICLE VIII:

Stockholders as Employees

There shall be no policy prohibiting stockholders from serving as corporate officers or employees. In the event that a stockholder is employed by the corporation, said stockholder shall be entitled to receive a reasonable salary for services rendered.

ARTICLE IX: Preemptive Rights

Every shareholder, upon the sale for cash of any new stock of this corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his prorata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE X: Amendment

This corporation may amend its articles of incorporation in any respect, provided that only such provisions shall be inserted by amendment as would be lawful and proper in original articles of incorporation made at the time of making such amendment. Every amendment shall be proposed by a stockholder and approved at a stockholders' meeting by not less than seventy-five percent (75%) of the stock entitled to vote thereon.

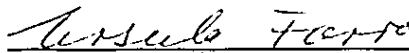
IN WITNESS WHEREOF, I have executed these Articles of Incorporation on September 5, 1995.

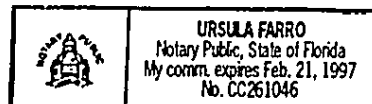

DANIEL M. GRIFFIN

STATE OF FLORIDA
COUNTY OF MARION

BEFORE ME, personally appeared DANIEL M. GRIFFIN [] to me personally known or [☒] who has produced Florida Drivers License as identification and is known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes therein expressed.


WITNESS my hand and official seal, this 5th day of September, 1995.


Notary Public, State of Florida
Print Ursula Farro
My commission expires:



ACCEPTANCE BY REGISTERED AGENT

I heroby accept my designation as Registered Agent for
B.U.N.S. ENTERPRISES, INC. as set forth in Article IV of the
foregoing Articles of Incorporation, this 5th day of
September, 1995.



DANIEL M. GRIFFIN

FILED
SEP - 6 AM 11:57
TALLAHASSEE, FLORIDA

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



DEPARTMENT OF REVENUE
TAXATION DIVISION
CORPORATE TAX SECTION
TALLAHASSEE, FLORIDA 32399-0001

DOCUMENT # P95000069611 (8)

1. Corporation Name

B.U.N.S. ENTERPRISES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 APR -3 AM 8:52



96-AR
CM

CMS

Principal Place of Business

1119 S. PINE AVE.
OCALA FL 34471

Mailing Address

1119 S. PINE AVE.
OCALA FL 34471

3. Date Incorporated or Qualified
09/06/1995

3a. Date of Last Report

4. FIC Number
59-3335676

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Form F and F-Excluded ☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. Date, Apt. #, etc.

22. City & State

23. Zip

24. Country

2a. Mailing Address

26. 107 NE 1st Ave

27. City & State

28. Ocala, FL

29. 34470

30. Country

9. Name and Address of Current Registered Agent

GRIFFIN, DANIEL M
1119 S. PINE AVE.
OCALA FL 34471

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. State

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Registered Agent and the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	Change	Addition
1. TITLE	PRESIDENT			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. NAME	DANIEL M. GRIFFIN			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. STREET ADDRESS	1119 S. PINE AVE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. CITY-STATE-ZIP	OCALA, FL 34471			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. CITY-STATE-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. CITY-STATE-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. CITY-STATE-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. TITLE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. NAME				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. STREET ADDRESS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. CITY-STATE-ZIP				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel M. Griffin

✓

3/5/96

(352) 620-0053