2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P95000074591 Apr 12, 2000 8:00 am Secretary of State YOXTHEIMER LATHING INC. 04-12-2000 90026 032 ***150.00 Mailing Address Principal Place of Business 287 PALMETTO BLUFF RD POB 233 BOSTWICK FL 32007-0233 BOSTWICK FL 32007 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3335081 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS, BRENDA Street Address (P.O. Box Number is Not Acceptable) 6683 CRILL AVE PALATKA FL 32177 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, 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 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ■ Addition TITLE ☐ Delete TITLE YOXTHEIMER, PAUL NAME NAME STREET ADORESS 104 BRITTANY LN STREET ADDRESS CITY-ST-ZIP **BOSTWICK FL 32007** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE YOXTHEIMER, DIANA NAME STREET ADDRESS STREET ADDRESS 104 BRITTANY LN CITY-ST-7IP **BOSTWICK FL 32007** CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7JP

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 K. Yoxtheimer 4/8/00

SIGNATURE: