SIGNATURE:

2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 23, 2001 8:00 am Secretary of State DOCUMENT # P95000078366 GADDIE MARINE, INC. 01-23-2001 90035 026 ***158.75 Principal Place of Business Mailing Address 621 WEST BALDWIN ROAD 621 WEST BALDWIN ROAD PANAMA CITY FL PANAMA CITY FL 2. Principal Place of Business Mailing Address Baldwin Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3341588 Not Applicable \$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 GADDIE, BILL Street Address (P.O. Box Number 621 WEST BALDWIN ROAD PANAMA CITY 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 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 11. WILLIAM MICHAEL XChange TITLE TITLE Camelot GADDIE, WILLIAM R NAME NAME **4618 BAYWOOD DRIVE** STREET ADDRESS ty, Florida 32405 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LYNN HAVEN FL 32444 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 pn address, with all other like empowered.

OFFICER OR DIRECTOR