2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 17, 2001 08:00 AM P95000079823 DOCUMENT# 1. Entity Name **Secretary of State** ABERCROMBIE, SIMMONS & GILLETTE OF FLORIDA, INC. Principal Place of Business Mailing Address 14041 "A" NO. DALE MABRY HWY. 10050 NORTHWEST FREEWAY SUITE 245 TAMPA HOUSTON TX 33618 77092 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3338700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOWNSEND RICHARD 6028 CHESTER AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 101 JACKSONVILLE 32217 US 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. 01/17/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE VP X Addition CR2E034 (11/00) MAME NAME BREAUX KRAIG S2ND VP STREET ADDRESS STREET ADDRESS 11804 LANCASHIRE DR. CITY-ST-ZIP CITY-ST-ZIP 33626 ☐ Delete TITLE ☐ Change NAME HIMES LESLIE NAME STREET ADDRESS 9302 TASCOSA LANE STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77064 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition BEAUMONT JOYCE NAME STREET ADDRESS 9510 SKIPPING STONE LANE STREET ADDRESS CITY-ST-ZIP HOUSTON TX 77064 CITY-ST-ZIP Delete TITLE Change Change ☐ Addition TOWNEND RICHARD NAME STREET ADDRESS POST OFFICE BOX 48100, N.A. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE 322478100 CITY-ST-ZIP TITLE Delete TITLE X Change ☐ Addition JAMES ABERCROMBIE NAME ABERCROMBIE JAMES STREET ADDRESS 5151 EDLOE APT. 11402 STREET ADDRESS 6545 BUFFALO SPEEDWAY CITY-ST-ZIP HOUSTON TX 77005 CITY-ST-ZIP HOUSTON TX 77005 Delete TITLE Change ☐ Addition 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: LESLIE HIMES T 01/17/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #