2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee

SIGNATURE:

FILED Mar 07, 2002 8:00 am secretary of State P95000081079 DOCUMENT # 1. Entity Name BAILEY BISHOP & LANE, INC. 03-07-2002 90058 044 ***158.75 Principal Place of Business Mailing Address RT 10 BOX 35408 POST OFFICE BOX 3717 LAKE CITY FL 32025 LAKE CITY FL 32056 US Principal Place of Business 519 Commerc Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3339705 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BISHOP, R.P. JR Street Address RT 10 BOX 35408 LAKE CITY FL 32025 8. The above named entit of for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE and title if applicable ent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (9/01 BISHOP, R.P. JR NAME NAME STREET ADDRESS RT 15 BOX 3114 5306 NW 34th STREET ADDRESS CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-ZIP D TITLE Delete TITLE **X** Change ☐ Addition NAME LANE, JOHN M NAME STREET ADDRESS RT 15 BOX 3564 STREET ADDRESS .15 BOY 3114 CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-7IP ahe City,7L3a0a4 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME BAILEY, GREGORY G. NAME M+. Y5 BOX3084 STREET ADDRESS STREET ADDRESS RT 15 BOX 3084 CITY-ST-ZIP LAKE CITY FL 32024 CITY-ST-7IP TITLE Delete TITLE ☐ Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF 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

empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if