2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000092430 Jul 25, 2000 8:00 am 1. Entity Name **Secretary of State** Kane Properties, Inc. 05-30-2000 90103 019 ***550.00 Principal Place of Business Mailing Address 102 Snowy Egret Same Amelia Island, FL 32034 2. Principal Place of Business 3. Mailing Address Suite; Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For FEI Number 59-3354163 City & State City & State Not Applicable Country Country \$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 Name Curc L. Douglas Street Address (P.O. Box Number is Not Acceptable), 102_Snowy_Egret __ Amelia Island, FL 32034 City Zip Code FL 8. The above named intity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Douguas CURT L. RESIDENT SIGNATURE FILE NOWIII FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (66/6)Change Addition TITLE TITLE □ Delete Pres., Sec. NAME NAME Curt L. Douglas STREET ADDRESS STREET ADDRESS 102 Snowy Egret CITY-ST-ZIP CITY-ST-ZIP Amelia Island FL 32034 Addition Delete TITLE ☐ Change TITLE V.P. Derek Douglas NAME NAME STREET ADDRESS STREET ADDRESS 102 Snowy Egret CITY-ST-ZIP CITY-ST-ZIP Amelia Island, FL 32034 ☐ Addition V.P., D Change TITLE TITLE Delete Susan Douglas 102 Snowy Egret NAME NAME STREET ADDRESS STREET ADDRESS Amelia Island, FL 32034 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition V.P., D Dawn A. Lunt Change Delete TITLE NAME NAME 2334 E. State Rd. 200, Suite 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-21P Fernandina Beach, FL 32034 ☐ Addition Change TITLE Delete NAME STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. DAWN SIGNATURE: .

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