2006 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P95000095631 ROWLAND G. HADDOCK, INC. 03-15-2000 90099 014 ***150.00 Mailing Address Principal Place of Business RT 1 BOX 2785 RT 1 BOX 2785 HILLIARD FL 32046 HILLIARD FL 32046-9541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City'& State 4. FEI Number City & State 59-3362623 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 Name HADDOCK, ROWLAND Street Address (P.O. Box Number is Not Acceptable) RT 1 BOX 2785 HILLIARD FL 32046 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent 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, 2000 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 11. OFFICERS AND DIRECTORS 12. TITI F Change ☐ Addition ☐ Delete TITLE HADDOCK, ROWLAND G NAME NAME STREET ADDRESS RT 1 BOX 2785 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLIARD FL Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

IRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAMAN MAGENTA

TITLE

NAME

STREET ADORESS

CITY-ST-7IP

FOLKOWIAND G. Haddock ,Sr.

March 3, 2000

☐ Change

Addition