Aug 29, 2001 8:00 am Secretary of State FILED ~2691 UNIFORM BUSINESS REPORT (UBR) P95000096950 DOCUMENT #1 1. Entity Name SOFT PARADE INC. Principal Place of Business Mailing Address 6683 CRILL AVENUE 6683 CRILL AVENUE NUUUAOJO PALATKA FL 32177 PALATKA FL 32177 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3346032 Not Applicable \$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 WILLIAMS, BRENDA 6683 CRILL AVENUE PALATKA FL 32177 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. SIGNATUR (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME HUGHES, JAMES G NAME 4826 ORTEGA HILLS DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32244 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE → Change ⁻☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #

Attachment A0082856 995000896950

Con

Trim Bookkeeping & Tax Service Inc. 6683 Crill Avenue

Palatka, Florida 32177 386-328-4164 Phone 386-325-0804 Fax

August 13, 2001

Dept. of State Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl. 32302-1500

Soft Parade 4838 Ortega Hills Drive Jacksonville, Florida 32244 FEI: 59-3346032

To Whom It May Concern,

This letter is a request for abatement of penalty for late filing for the above client. This client is an over the road truck driver and is gone most of the time. During the time this report was due he was out on the road. When he returned home he didn't have the report in his mail to file. He didn't even think of filing until he finally received the second notice. He has a problem at times receiving his mail. It would have made sense for him to pay the \$150.00 and file on time if he received the first report rather than be forced to pay the \$550.00 for late filing. He has always paid his report on time prior to this incident. Please take this matter into consideration.

Thank you,

Lisa Wiggins Accountant

LW

cc:file