2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT.# P9600002353 Jul 19, 2000 8:00 am 1. Entity Name **Secretary of State** WORMHOUDT-BLACKMON, INCORPORATED 07-19-2000 90012 022 ***150.00 Principal Place of Business Mailing Address P O BOX 6193 P 0 BOX 6193 FERNANDINA BEACH FL 32035 Fernandina Beach FL 32035 2. Principal Place of Business 3. Mailing Address INOUSTRIAL DR INDUSTRIAL DR Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Α Applied For 4. FEI Number City & State City & State 59-3350529 MARYS MARVS AQ) Not Applicable 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 WORMHOUDT, JAMES F Street Address (P.O. Box Number is Not Acceptable) 1410 OAK ST FERNANDINA BEACH FL 32024 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. ☐ Addition TITLE TITLE Delete BLACKMON BRANDON WORMHOUDT, JAMES F NAME NAME 1826 PIRATES PT RN STREET ADDRESS STREET ADDRESS 4947 ISLAND LN YULEE FL 32097 CITY-ST-ZIP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TITLE TA Change ☐ Addition TITLE ☐ Delete BLACKMON, MARY **BLACKMON, BRANDON** NAME NAME 326 PIRATES PT STREET ADDRESS 2137 TALBOT CT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FERNANDINA BEACH FL 32034 TULEE 32097 ☐ Change ☐ Addition **X**-Delete⊢ TITLE WORMHOUDT, AMY NAME NAME 4947 ISLAND LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE BLACKMON, MARY NAME NAME STREET ADDRESS STREET ADDRESS 2137 TALBOT CT CITY-ST-ZIP FERNANDINA BEACH FL 32034 CITY-ST-ZIP TITLE ☐ Delete TITI F Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 effoowered 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:

DUP BRANDON PRIACE MON

PRESIDENT 7/17/00

912-673-7688