FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am DOCUMENT # P96000005606 Secretary of State 1. Entity Name PHILLIPS & MORRIS, P.A. 05-11-2001 90109 033 ***150.00 Principal Place of Business Mailing Address 7310 GULF BLVD. 7310 GULF BLVD. ST. PET BEACH FL 33706 ST. PET BEACH FL 33706 101400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3361079 Not Applicable Zip 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 Name PHILLIPS, JOHN R JR. Street Address (P.O. Box Number is Not Acceptable) 7310 GULF BLVD. ST. PET BEACH FL 33706 City 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. SIGNATURE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE □ Delete TITLE ☐ Change PHILLIPS, JOHN R JR. NAME NAME STREET ADDRESS STREET ADDRESS 7310 GULF BLVD. CITY-ST-ZIP CITY-ST-ZIP ST. PET BEACH FL 33706 TITLE D ☐ Delete TITLE Change Addition NAME MORRIS, KEVIN J NAME STREET ADDRESS STREET ADDRESS -7310 GULF-BLVD. ----- -CITY-ST-ZIP CITY-ST-ZIP ST. PET BEACH FL 33706 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE 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-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

SIGNATURE: Oth A. Chilles and President of Phillips Marie 4-24-0/ 727-360-2600 SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR