2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P96000012213 1. Entity Name T. W. ELMORE, INC. 04-24-2001 90237 044 ***150.00 Principal Place of Business Mailing Address 1907 8TH ST W 1907 8TH ST W PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address 5807 Spencer Harrish RR. 5807 Spencer Parnsh KD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Çity & State City & State 65-0646642 Applied For 4. FEI Number Parrish, FL tarrish, Fl Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELMORE, RADAWN Street Address (P.O. Box Number is Not Acceptable) 1907 8TH ST W PALMETTO FL 34221 1807 Spencer Parrish Rd. 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) ☐ Delete TITLE ☐ Addition TITLE **ELMORE, TIMOTHY W** NAME NAME 5807 SpenourParrish RD Parrish, FL 34219 1907 8TH ST W STREET ADDRESS STREET ADDRESS PALMETTO FL CITY-ST-ZIP CITY-ST-ZIP Vice Pres, Tres. Addition ☐ Delete TITLE TITLE ELMORE, FRANCES C NAME NAME 3417 1ST AVE W STREET ADDRESS STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP **Addition** Sccretary TITLE ☐ Delete Change NAME RadawnElmore NAME STREET ADDRESS 5807 Spencer Partish Rd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Parrish, FL 34219 ☐ Change ☐ Addition ☐ Defete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition 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 . 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.

adawn Elmore