2090 UNIFORM BUSINESS REPORT (UBR) May 08, 2000 8:00 am Secretary of State DOCUMENT # **P96000031702** MANUFACTURED PROPERTIES, INC. 05-08-2000 90197 017 ***150.00 Principal Place of Business Mailing Address 3424 EAST 15TH STREET 3424 EAST 15TH STREET PANAMA CITY FL 32405-7425 PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3374025 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Simberli MARTIN, GEORGE C III Street Address (P.O. Box Number is Not Acceptable) 3424 EAST 15TH STREET PANAMA CITY FL 32405 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its (n) angible 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. ☐ Change Addition Delete TITLE TITLE NAME MARTIN, GEORGE C III NAME STREET ADDRESS STREET ADDRESS 3424 EAST 15TH STREET CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME PETTIS, KIMBERLY STREET ADDRESS STREET ADDRESS 3424 EAST 15TH STREET CITY - ST - ZIP CITY-ST-ZIP PANAMA CITY FL 32405 Change ☐ Addition TITLE ☐ Delete SOWELL, CHERYL NAME STREET ADDRESS STREET ADDRESS 3424 E 15TH ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME 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-ZIE ☐ Change ☐ Addition Delete TITLE 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 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

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SIGNATURE: