FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT 2000

FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

[redacted]

DOCUMENT # P96000055413

1. Corporation Name
THE SOLOMON COMPANY, INC.

Principal Place of Business	Mailing Address
~~14005 NW 49TH AVE~~ ~~GAINESVILLE FL 32606~~	~~14005 NW 49TH AVE~~ ~~GAINESVILLE FL 32606~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21: 5614 W SR 235	2a. Mailing Address 25: P.O. BOX 441
Suite, Apt. #, etc. 22:	Suite, Apt. #, etc. 27:
City & State 23: LACROSSE, FL	City & State 28: LACROSSE, FL
Zip 24: 32658 Country 25:	Zip 29: 32658 Country 30:

3. Date Incorporated or Qualified: 06/27/1996
4. FEI Number: 59-3385021 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owes the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WOODHAM, CARL
14005 NW 49TH AVE
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name: SOLOMON, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable): 5614 W SR 235
83:
84 City: LACROSSE FL 85 Zip Code: 32658

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Kenneth Solomon DATE: 4/25/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature is required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD / SOLOMON, KENNETH / ~~502 W SR 235~~ / LACROSSE FL 32658 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition: 5614 W SR 235
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD / WOODHAM, CARL / ~~14005 NW 49TH AVE~~ / GAINESVILLE FL 32606 ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition: 14006 NW 49TH AVE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition: 400003248674--4 -05/11/00--01080--020 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition:
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition: SP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth Solomon 4/25/00 (904) 462-5562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #