2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P96000056828 1. Entity Name TURNKEY RESOURCES, INC. 04-10-2001 90014 042 ***150.00 Principal Place of Business Mailing Address 2310 A-Z Park Road P.O. Box 988 Lakeland, FL 33801 Lakeland, FL 33802-0988 A0044759 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 59-3426970 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 Hodges, Ricky T. Street Address (P.O. Box Number is Not Acceptable) _2310 A-Z Park Road Lakeland, FL 33801 Zip Code FL 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE 35 Delete Change X Addition TITLE Russell, Janis L. NAME NAME Houser, Lynn STREET ADDRESS 2944 Chancery Ln. STREET ADDRESS 2310-A⊕Z Park Road CITY-ST-ZIP CITY-ST-7IP Clearwater, FL 34619 Lakeland, FL 33801 N Delete ☐ Change X Addition TITLE TITLE NAME Taylor, Elizabeth A. NAME Bennett, Allen C. STREET ADDRESS STREET ADDRESS 2134 Grove P1. 2310 A-Z Park Road CITY-ST-7IP CITY-ST-ZIP Clearwater, FL 34619 Lakeland, FL 33801 TITLE-TITLE -- -- Change -- _ Addition Clarke, Thomas L., Jr. NAME NAME STREET ADDRESS STREET ADDRESS 2310 A-Z Park Road CITY-ST-ZIP CITY-ST-ZIP Lakeland, F1 33801 TITLE ☐ Delete TITLE ☐ Addition TD VTD NAME NAME Hanselman, John D. Hanselman, John D. STREET ADDRESS STREET ADDRESS 2310 A-Z Park Road 2310 A-Z Park Road CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL = 33801Lakeland, FL 33801 TITLE ☐ Delete TITLE [] Change ☐ Addition NAME Sipe, Carol P. STREET ADDRESS STREET ADDRESS 2310 A-Z Park Road CITY-ST-71P CITY-ST-ZIP Lakeland, FL 33801 TITLE ☐ Delete TITLE X Change Addition PD Hodges, Ricky T. Hodges, Ricky T. NAME NAME STREET ADDRESS 2310 A-Z Park Road STREET ADDRESS 2310 A-Z Park Road CITY-ST-ZIP CITY-ST-ZIP Lakeland, FL 33801 Lakeland, FL 33801 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 attach neglt with an address with all other like empowered.

CR2E034 (11/00)

SIGNATUJE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayLime Phone #

SIGNATURE: