2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000079235 May 15, 2000 8:00 am Secretary of State ADAMS & ADAMS TREE FARM, INC. 05-15-2000 90245 038 ***150.00 Mailing Address Principal Place of Business 9411 CR 747 9411 CR 747 WEBSTER FL 33597-4005 WEBSTER FL 33597 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 59-3412149 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ADAMS, REBECCA A Street Address (P.O. Box Number is Not Acceptable) 9411 CR 747 WEBSTER FL 33597 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. \mathbf{Z}' (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition TITLE ☐ Delete ADAMS, JODY A NAME NAME STREET ADDRESS STREET ADDRESS 9411 CR 747 CITY-ST-ZIP CITY-ST-ZIP WEBSTER FL 33597 ☐ Addition ☐ Change TITLE ☐ Delete TITLE ADAMS, REBECCA A NAME NAME 9411 CR 747 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WEBSTER FL 33597 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete 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-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Kellecco O Jadans SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

329-268-0130