2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # P96000080752 1. Entity Name TALLAHASSEE GRANDE CORPORATION 05-01-2001 90102 021 ***150.00 Principal Place of Business Mailing Address STAR RT. 2, BOX 54 STAR RT. 2, BOX 54 Annengia BRISTOL FL 32321 BRISTOL FL 32321 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3413276 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HATCHER, JIMMY Street Address (P.O. Box Number is Not Acceptable) STAR RT. 2, BOX 54 HWY.C-270 N. SWEETWATER COMMUNITY BRISTOL FL 32321 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE NAME HATCHER, JIMMY NAME STREET ADDRESS STREET ADDRESS STAR RT. 2 BOX 54 CITY-ST-ZIP CITY-ST-ZIP **BRISTOL FL 32321** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information but 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 impoweed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if specific proposed in the suppose of the suppose o 13. I hereby certify that the information supplied indicated on this report or supplemental rep of the corporation of the changed, or on an atta ment with an a

SIGNATURE