1of2

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham, Secretary of State
DIVISION OF CORPORATIONS

FILED
97 SEP 10 AM 11:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000082691

1. Corporation Name
Ace Unlock Inc

Principal Place of Business: Pensacola Fla

Mailing Address: PO Box 15406 Pensacola Fla 32514-0406

2. Principal Place of Business	21 Pensacola Fla
Suite, Apt. #, etc	22 Mobile Company
City & State	23 No Permanent Place
Zip	24 of Business
Country	25
2a. Mailing Address	26 PO Box 15406
Suite, Apt. #, etc.	27
City & State	28 Pensacola Fla
Zip	29 32514-0406
Country	30 Escambia

3. Date Incorporated or Qualified: 10/3/96
3a. Date of Last Report: 10/3/96
4. FEI Number: 59-340-3300 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

John Martin
Financial Foundations Inc
1301 Seminole Fla Suite 155
Largo Fla 34640

10. Name and Address of New Registered Agent

81 Name: N/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 Charles K Stead — Charles K Stead 8/10/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Charles K Stead	
STREET ADDRESS	7750 Graves Rd	
CITY-ST-ZIP	Pensacola Fla 32514	
TITLE	VP	☐ DELETE
NAME	Chris Roney	
STREET ADDRESS	11000 University Pkwy Suite 496	
CITY-ST-ZIP	Pensacola Fla 32514	
TITLE	Secretary	☐ DELETE
NAME	Charles K Stead	
STREET ADDRESS	~~Same As Above~~ N/A	
CITY-ST-ZIP		
TITLE	Treasurer	☐ DELETE
NAME	Chris Roney	
STREET ADDRESS	N/A	
CITY-ST-ZIP	~~Same As Above~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	100002291591	☐ Change ☐ Addition
2.2 NAME	-09/12/97--01101--002	
2.3 STREET ADDRESS	****165.00 ****165.00	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	AO	
6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Charles K Stead — Charles K Stead 8/10/97 (850) 484-7928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #