2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P96000101740 1. Entity Name CREEL CORPORATION 03-14-2000 90060 021 ***150.00 Mailing Address Principal Place of Business 2562 ENTERPRISE ROAD 2562 ENTERPRISE ROAD DESCRIY-FL 32763-7904 Orange City, Fl. 32763 32763 A002913n Orange City, Fl. 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 59-3429104 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CREEL, LARRY G Street Address (P.O. Box Number is Not Acceptable) 2562 ENTERPRISE ROAD DEBARY FL 32763 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12, 11. OP OP CR2E034 (9/99 TITLE Addition TITLE ☐ Delete CREEL, LARRY NAME prise Rd. STREET ADDRESS 2562 Enter STREET ADDRESS 152 AMBERGATE COURT CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Delete DTLE TITLE CREEL, SHERRI NAME NAME STREET ADDRESS STREET ADDRESS 152 AMBERGATE COURT CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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:

ED NAME OF SIGNING OFFICER OR DIRECTOR