2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P9700000 2714 May 31, 2000 8:00 am Secretary of State ARP Inc. 05-31-2000 90075 004 ***150.00 Principal Place of Business Mailing Address 4500 Yardhy Ave St. Petersburg, FL 33713 PO BOX 66773 St. Pete Beach, FL 2. Principal Place of Business 3. Mailing Address 4520 Yardle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 43 3130 Not Applicable 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 Gerard F. Scannell, Jr. # 4500 Yardley Auc. Street Address (P.O. Box Number is Not Acceptable) Zip Code FŁ 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) DATE FILE NOW!!! FEE IS \$150.00 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, 2000 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 OFFICERS AND DIRECTORS 12 11. President, Trees. Sec. Dur. Gerard F. Scarrell, Jr ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS 4500 Yardley Ave STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33713 ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ment with an address, with all other like empowered changed, or on an attac Gerard F. Scandl, Ir. 5-8-00 SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR