2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P97000013117 LITTLE JOHN CORPORATION, INC. 03-15-2000 90107 032 ***150.00 Principal Place of Business Mailing Address 7026 DUCK COVE ROAD 7026 DUCK COVE ROAD TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-9689 80038869 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 59-3436104 Not Applicable Zip Country 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 CRAIG, JOHNNY BLUE Street Address (P.O. Box Number is Not Acceptable) 7026 DUCK COVE ROAD TALLAHASSEE FL 32312 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 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 9. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE CRAIG, JOHNNY BLUE NAME NAME STREET ADDRESS STREET ADDRESS 7026 DUCK COVE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition Change ☐ Delete TITLE NAME NAME CRAIG, APRIL RUTH STREET ADDRESS STREET ADDRESS 7026 DUCK COVE ROAD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME CRAIG, HELEN ARLENE STREET ADDRESS STREET ADDRESS ROUTE 6, BOX 120 CITY-ST-ZIP CITY-ST-ZIP QUINCY FL 32351 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE 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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR