2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000016442 Feb 10, 2000 8:00 am **Secretary of State** HAMILTON PRINTING & OFFICE SUPPLIES, INC. 02-10-2000 90036 047 ***150.00 Principal Place of Business Mailing Address 105 N.W. HATLEY STREET 105 N.W. HATLEY STREET JASPER FL 32052 JASPER FL 32052-6665 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 59-3435707 Not Applicable Zip Country Zip 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 PARALEGAL & ATTY. SERVICE BUREAU, INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS STREET SUITE 2 TALLAHASSEE FL 32301 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete ☐ Change Addition TITLE FENNELL, SUSAN ANN NAME NAME STREET ADDRESS STREET ADDRESS 105 N.W. HATLEY STREET CITY-ST-ZIP CITY-ST-ZIE JASPER FL 32052 Change Addition TITLE ☐ Delete TITLE 902 5th St SW NEELY, ROBIN L NAME NAME STREET ADDRESS STREET ADDRESS 602 5TH ST Live oak FL 32060 CITY-ST-ZIP CITY-ST-7IP LIVE OAK FL 32060 vice-President -☐ Change Delete Addition TITLE " william C. Fennell NAME NAME 105 NW Hatley St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP James R. Fernel | Change ☐ Delete TITLE NAME P-15, Box 3826 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete 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.