2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2001 8:00 am Secretary of State DOCUMENT # P97000019803 A.J. WILHITE, INC. 01-25-2001 90021 020 ***150.00 Principal Place of Business Mailing Address 1718 KINGSLEY AVE. 1718 KINGSLEY AVE. ORANGE PARK FL 32067-0326 ORANGE PARK FL 32067-0326 902680 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 59-1847553 Applied For 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 WILHITE, AIMEE J Street Address (P.O. Box Number is Not Acceptable) 1718 KINGSLEY AVE. ORANGE PARK FL 32067-0326 City Zip Code B. 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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. 12. ☐ Defete TITLE TITLE Change *Addition Asst Sec WILHITE, AIMEE J NAME NAME Shirley L. Boas 1718 KINGSLEY AVE. STREET ADDRESS STREET ADDRESS 1718 Kingsley Ave Orange Park, Fl 32073 ORANGE PARK FL 32067-0326 CITY-ST-ZIP CITY-ST-ZIP TITLE **Delete** TITLE Asst. Sec * Addition WILHITE, MARVIN , Lynn McCann 1718 Kingsley Ave Orange Park, Fl 32073 NAME NAME 1718 KINGSLEY AVE. STREET ADDRESS STREET ADDRESS **ORANGE PARK FL 32067-0326** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change WILHITE, MICHEAL NAME 1718 KINGSLEY AVE. STREET ADDRESS STREET ADDRESS ORANGE PARK FL 32067-0326 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.

M**A**RVIN E WILHITE 1/16/01

Daytime Phone #