2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # P97000038470 1. Entity Name HUNTER MACHINE & MANUFACTURING, INC. 05-28-2002 91626 012 ***150.00 Principal Place of Business · - - Mailing Address 102 KATHERINE ST 102 KATHERINE ST FT WALTON BEACH FL 32547 FT WALTON BEACH FL: 32547 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 59-3444828 Not Applicable 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 HAUGHT, ALEXANDRA R Street Address (P.O. Box Number is Not Acceptable) 5 CLIFFORD DR SHALIMAR FL 32579 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition NAME HUNTER, JAMES NAME STREET ADDRESS 175 MYERS PLACE STREET ADDRESS CITY-ST-ZIP SALISBURY NC 28144 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME GEORGE, DIANA L NAME STREET ADDRESS **520 MARLOWE DRIVE** STREET ADDRESS CITY-ST-21F FORT WALTON BEACH FL 32547 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HUNTER, SCOTT NAME STREET ADDRESS 3102 RICHARDSON DRIVE STREET ADDRESS CITY-ST-ZIP CRESTVIEW FL 32536 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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

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