2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000044652 Aug 16, 2000 8:00 am Secretary of State 1. Entity Name SHEAND, INC. 08-16-2000 90011 038 ***550.00 Mailing Address Principal Place of Business P O BOX 405 215 SHADY CREEK LANE DEFUNIAK SPRINGS FL 34235 **DEFUNIAK SPRINGS FL 32433** 3. Mailing Address 2. Principal Place of Busjness DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3446953 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVIS, MARK D Street Address (P.O. Box Number is Not Acceptable) 694 BALDWIN AVENUE SUITE 3 DEFUNIAK SPRINGS FL 32433 City 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 (NOTE: Registered Agent signature required when reinstating) , typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After SEPTEMBER 13, 2000 Mln. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. M Change TITLE PSTD ■ Addition Delete TITLE Beuce 6 WUKIND ANDREWS, ANGUS G JR NAME NAME 151 Mary Esther Blid Suite 203 A STREET ADDRESS STREET ADDRESS P.O. BOX 405 N/A CITY-ST-ZIP CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change -~ □ Addition ☐ Delete TITLE 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-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITI F 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 roustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment p970000 44652)

Law Offices of

MATTHEWS & HAWKINS, P.A.

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MARY K. KRAEMER Of Counsel

August 2, 2000

*Also admitted to practice in Texas

Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: Sh

Sheand, Inc.

Dear Sir/Madam:

Please find enclosed herewith for filing the 2000 Uniform Business Report for the above-referenced corporation, along with a check in the amount of \$550.00 as and for the filing fee and late fees associated therewith.

Thank you for your attention in this regard.

hebrue Schnidt

Sincerely,

Michelle M. Schmidt

Assistant to Dana C. Matthews

/mms

Enclosure: as stated