2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000059264 May 03, 2000 8:00 am Secretary of State **GULF ATLANTIC HOLDING COMPANY** 05-03-2000 90094 034 ***158.75 Principal Place of Business Mailing Address 1545 RAYMOND DIEHL ROAD P.O. BOX 12200 3RD FLOOR TALLAHASSEE FL 32317-2200 TALLAHASSEE FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite Apt # etc. Applied For City & State City & State 4. FEI Number 59-3508690 Not Applicable Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATLOCK, GEORGE V Street Address (P.O. Box Number is Not Acceptable) 1545 RAYMOND DIEHL ROAD 3RD FLOOR TALLAHASSEE FL 32308 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME JACOBS, JOSEPH W STREET ADDRESS STREET ADDRESS 1545 RAYMOND DIELD RD 3RD FLOOR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32038 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME MCCANN, JOHN D NAME STREET ADDRESS 1545 RAYMOND DIEHL RD 3RD FLOOR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 TITLE Delete TITLE NAME ATKINS, KATHLEEN B NAME STREET ADDRESS 1545 RAYMOND DIEHL RD 3RD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME ECKERLEIN, R.F. STREET ADDRESS STREET ADDRESS 1545 RAYMOND DIEHL RD 3RD FLOOR CITY-ST-ZIP CITY-ST-ZIP TALLAHASEE FL 32308_ ☐ Change ☐ Addition TITLE ☐ Delete TITLE D NAME PATTERSON, TODD STREET ADDRESS STREET ADDRESS 1545 RAYMOND DIEHL RD 3RD FLOOR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Change ☐ Addition TITLE ☐ Defete S NAME NAME MATLOCK, GEORGE V STREET ADDRESS STREET ADDRESS 1545 RAYMOND DIEHL RD 3RD FLOOR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 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.

ME REQUIREJohn D. McCann

INTED NAME OF SIGNING OFFICER OR DIRECTOR

ND TYPED OR I

SIGNATURE

SIGNATURE:

4/26/00

386-1115

Davtime Phone #