2001 UNIFORM BUSINESS REPORT (UBR) FILED May 07, 2001 8:00 am Secretary of State DOCUMENT # P97000059450 1. Entity Name ASI SOUTH, INC. 05-07-2001 90019 021 ***158.75 Mailing Address Principal Place of Business 6771 TAYLOR CIRCLE 6771 TAYLOR CIRCLE MONTGOMERY AL 36117 MONTGOMERY AL 36117 2. Principal Place of Business 3. Mailing Address P.O. BOX 3386 Suite, Apt. #, etc. 420 E. ALFRED ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MONTGOMERY AL Zip Country 36109 Country Applied For City & State 63-1046364 TAVARES FL Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDY RICLERY TARWICK, JOHN B ATT Street Address (P.O. Box Number is Not Acceptable) 226 SOUTH PALAFOX STREET 420 E. ALFRED ST PENSACOLA FL 32598 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE Delete PD TITLE NAME NAME TILLERY, ANDY R STREET ADDRESS STREET ADDRESS 2437 OLD CREEK RD MONTGOMERY AL CITY-ST-ZIP CITY-ST-ZIP Montgomery al ☐ Addition ATITLE ☐ Delete TITLE NAME NAME TILLERY, DOUGLAS A STREET ADDRESS STREET ADDRESS 2655 BOYKIN CITY-ST-ZIP CITY-ST-ZIP . MONTGOMERY AL ☐ Delete TITLE TITLE STD 412 FOREST TRAIL NAME NAME TILLERY, ANNIE J STREET ADDRESS STREET ADDRESS 2437 OLD CREEK DR CITY-ST-ZIP CITY-ST-ZIP MONTGOMERY AL ☐ Delete TITLE TITLE NAME NAME

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.

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Andy Q. July 1. ANDY R. TILLERY 4.28-coi 334-277-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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