2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000074185** DACON INDUSTRIES, INC. 03-16-2000 90093 049 ***150.00 Mailing Address Principal Place of Business 3831 29 AVENUE NORTH 3936 BELLE OAK BLVD ST. PETERSBURG FL 33713-2321 LARGO FL 33771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-2411137 Not Applicable Zip Country Country \$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 Name CONGER, SCOTT Street Address (P.O. Box Number is Not Acceptable) 3831 29 AVE N ST PETERSBURG FL 33713 City Zip Code FL 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 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 TITLE TITLE ☐ Delete DAVIS, GORTON NAME NAME STREET ADDRESS STREET ADDRESS 3109 COVENTRY LN CITY-ST-ZIP CITY-ST-7IP SAFETY HARBOR FL 34695 ☐ Delete Change Addition TITLE TITLE NAME CONGER, SCOTT NAME STREET ADDRESS STREET ADDRESS 3831 29 AVE N CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 of 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 a gladdess, with all other like empowered.

SECY/TREAS 3-12-00