

P97000076408

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Strip Ease Company Officer and Registered Agent
Name Change 00000238520--7

Effective 26 May 1998, the President, Treasurer, Secretary
and registered agent of Strip Ease Company formerly known
as: Jane D. Thrush has been changed to: Jane D. Rievley.

Please change the appropriate official documentation to
reflect this change. Thank you.

Back up documentation is enclosed.

attachments.

Jane D. Rievley
Jane D. Rievley

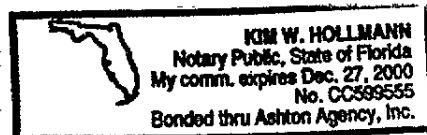
Kim W. Hollmann
(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known ☐ OR Produced Identification ☒
Type of I.D. Produced *PC DLIC*

B 140-444-55-583-0

Kim W. Hollmann
6/8/98

RECEIVED
98 JUN 15 AM 8:20
DIVISION OF CORPORATIONS



Name changed due
to marriage

sg 6/18/98

<input type="checkbox"/> IN THE CIRCUIT COURT, EIGHTEENTH JUDICIAL CIRCUIT, BREVARD COUNTY, FLORIDA <input checked="" type="checkbox"/> IN THE COUNTY COURT, BREVARD COUNTY, FLORIDA		
DIVISION <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> JUVENILE <input type="checkbox"/> TRAFFIC	FINAL JUDGMENT DISSOLVING MARRIAGE UNDER SIMPLIFIED DISSOLUTION PROCEDURE	CASE NUMBER 95-5314-FD-1 CLOCK IN 55 MAY -8 AM 11:00 CLERK OF CIR. CT. BREVARD CO. FLA.
HUSBAND Daniel C. Thrush	WIFE Jane D. Thrush	

This action came before the Court upon the petition of the parties for dissolution of their marriage. Upon consideration thereof,

- ☒ IT IS ADJUDGED that the bonds of marriage between Daniel C. Thrush and Jane D. Thrush are dissolved.
- ☐ IT IS FURTHER ADJUDGED that the Wife's former name is restored and she shall hereafter be known as N/A.
- ☒ IT IS FURTHER ADJUDGED that the property settlement agreement filed in this proceeding as Exhibit 2 was executed voluntarily after full disclosure and is approved and incorporated in this judgment by reference, and the parties are ordered to comply with it.

mla

DONE AND ORDERED, BREVARD COUNTY, FLORIDA	<u>Charles M. Holcomb</u> JUDGE	DATE 5-5-95
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Approved for use under rule 10-1.1(b)
of the Rules Regulating the Florida Bar

LAW 347
(REV. 5/93)

This form was completed with the assistance of:

Name:

Address:

Telephone Number:

STATE OF FLORIDA, COUNTY OF BREVARD

I HEREBY CERTIFY that the above and foregoing is a true copy of the original filed in this office.

SANDY CRAWFORD, Clerk Circuit and County Court

DATED 5/10/95 BY Charles M. Holcomb D.C.

CERTIFIED

VALID ONLY IF STATE SEAL AND SIGNATURE
OF STATE REGISTRAR ARE IMPRINTED HEREON



VALID ONLY
IF PRINTED IN
MULTICOLOR

MAR 12 1955

THE ABOVE IS AN
EXACT COPY OF THE
ORIGINAL RECORD
FILED IN THE BUREAU
OF VITAL STATISTICS
ALABAMA
DEPARTMENT OF HEALTH
MONTGOMERY, ALA.

Forest E. Ludden
STATE REGISTRAR

Brown 957 PM

CERTIFICATE OF LIVE BIRTH STATE OF ALABAMA

243968

BIRTH NO. 101- 55-018491

1. PLACE OF BIRTH a. County <u>Tuscaloosa</u> Beat No. <u>16</u> c. City (If outside city or town limits, write RURAL) Or Town <u>Tuscaloosa</u> d. Full Name of (If NOT in hospital or institution, give street address or location) <u>Druid City Hospital</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. State <u>Alabama</u> b. County <u>Tuscaloosa</u> c. City (If outside city or town limits, write RURAL) Or Town <u>Tuscaloosa</u> d. Beat No. e. Street Address (If rural, give location) <u>511 University Avenue</u>	
3. CHILD'S NAME (Type or print) a. (First) <u>Jane</u> b. (Middle) <u>Dean</u> c. (Last) <u>Rieley</u>			
4. Sex <u>Female</u> 5a. This Birth <u>Single</u> <input checked="" type="checkbox"/> 5b. If Twin Or Triplet (This child born) <u>1st</u> <input type="checkbox"/> <u>2nd</u> <input type="checkbox"/> <u>3rd</u> <input type="checkbox"/> 6. Date (Month) (Day) (Year) <u>March 3, 1955</u>			
FATHER OF CHILD <u>140</u> 7. Full Name a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Rieley</u> d. Color Or Race <u>White</u> 9. Age (At time of this birth) <u>26 Years</u> 10. Birthplace (State or foreign country) <u>Chattanooga, Tennessee</u> 11a. Usual Occupation <u>Student</u> 11b. Kind of Business or Industry <u>University of Ala.</u>			
MOTHER OF CHILD 12. FULL MAIDEN NAME a. (First) <u>Mary</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Chambers</u> d. Color Or Race <u>White</u> 14. Age (At time of this birth) <u>32 Years</u> 15. Birthplace (State or foreign country) <u>Chattanooga, Tennessee</u> 16. Children Previously Born To This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>0</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>			
17. INFORMANT (Signature or Name) <u>Mrs. John F. Rieley</u> 18a. Signature of Attendant <u>[Signature]</u> 18b. Attendant at Birth <u>M. D. [] Midwife [] Other (Specify)</u> 18c. Address <u>Tuscaloosa, Ala.</u> 18d. Date Signed <u>3/5/55</u>			
I hereby certify that this child was born alive on the date stated above. 19. Date Rec'd by Local Reg. <u>4-2-55</u> 20. Registrar's Signature <u>[Signature]</u> 21. Date on Which Given Name Added <u>6-8-55</u> By <u>[Signature]</u>			

APPROVED BY
PARENT