FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 05, 2001 8:00 am DOCUMENT # P97000081750 **Secretary of State** 1. Entity Name AAA-JRM ENTERPRISES, INC. 02-05-2001 90041 012 ***150.00 Principal Place of Business Mailing Address 40548 THOMAS BOAT LANDING ROAD P. O. BOX 2541 **UMATILLA FL 32784** UMTILLA FL 32784-2541 2. Principal Place of Business 3. Mailing Address 336,36 Lincoln RD Suite, Apt. #, etc. 33636 Liwcoln RD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3480921 eesburg Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURPHY, JIMMIE R Street Address (P.O. Box Number is Not Acceptable) 40548 THOMAS BOAT LANDING ROAD **UMATILLA FL 32784** Zip Code 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 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, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. STPO STPD Change Addition TITLE ☐ Delete TITLE murphy Jimmie R. MURPHY, JIMMIE R NAME NAME LINCOLN Rd 40548 THOMAS BOAT-LANDING ROAD-STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP UMATILLA FL 32784 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS ·CITY=ST-ZIP :CITY-ST-ZIP_ -

13. I hereby certify that the information supplied with this filling 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 eath; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR Date Date Dayline Phone 8