FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State P97000086949 DOCUMENT # 1. Entity Name STEVEN M. RODGERS, INC. 05-22-2002 90243 012 ***158.75 Mailing Address Principal Place of Business P. O. BOX 1062 44432 HOOCH RD 361740 ALTOONA FL 32702 ALTOONA FL 32702 2. Principal Place of Business 3. Mailing Address PO Box 25700 mikasuki TRAIL DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. / Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3474254 下ん Not Applicable PaisLEY Paisher Country \$8.75 Additional Country 5. Certificate of Status Desired LAKE 32767 HAKE Fee Required ろひてもて 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Rodgers RODGERS, STEVEN M. Street Address (P.O. Box Number is Not Acceptable) 44432 HOOCH RD 15700 mikasuki ALTOONA FL 32702 Zip Code ろとてもつ City ISLEY 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 STEVEN m ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. Change ☐ Addition ☐ Delete TITLE RODGERS, STEVEN M Rodgers Steres m. NAME 44432 HOOCH RD STREET ADDRESS 25700 anikasuki STREET ADDRESS CITY-ST-ZIP ALTOONA FL 32702 FL 32767 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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