2001 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2001 8:00 am Secretary of State DOCUMENT # P9800003499 1. Entity Name SOUTH HAMPTON FARMS, INC. 04-17-2001 90098 031 ***150.00 Principal Place of Business Mailing Address 5251 RACE TRACK ROAD 324 PARADISE CIRCLE JACKSONVILLE FL 32259 SATSUMA FL 32189 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3508675 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required To deve in 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KNOWLES, EVELYN Street Address (P.O. Box Number is Not Acceptable) 324 PARADISE CIRCLE SATSUMA FL 32189 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. 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 TITLE KNOWLES, CARL NAME NAME STREET ADDRESS STREET ADDRESS HC2, BOX 606 CITY-ST-ZIP CITY-ST-ZIP SATSUMA FL 32189 STD TITLE Change Addition ☐ Delete NAME KNOWLES, EVELYN NAME STREET ADDRESS STREET ADDRESS HC2, BOX 606 CITY-ST-ZIP CITY-ST-7IP SATSUMA FL 32189 ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE NAME 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-7IE ☐ Delete TITLE TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

4-10-01