2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 30, 2000 8:00 am Secretary of State DOCUMENT # P98000012831 1. Entity Name WAYMAN HOLLY, INC. 03-30-2000 90002 033 ***150.00 Mailing Address Principal Place of Business 3660 NORTH CARL G. ROSE HIGHWAY 3660 NORTH CARL G. ROSE HIGHWAY HERNANDO FL 34442 HERNANDO FL 34442-3115 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 59-3491361 Not Applicable Zip 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 meyers MEYERS, JOHN ddress (P.O. Box Number is Not Acceptable) STReet 1986 KEEPSAKE LANE **HERNANDO FL 34442** Beverly 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. (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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE ☐ Defete TITLE Change CH | 0.14 (9/1) MEYERS, JOHN NAME NAME STREET ADDRESS 1986 KEEPSAKE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL 34442 Addition Delete TITLE Change TITLE HAFER, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 165 S. EASY ST. CITY-ST-ZIP CITY-ST-ZIP LECANTO FL 34461 ☐ Change ☐ Addition Delete TITLE TITLE MCVAY, POLLY NAME NAME STREET ADDRESS STREET ADDRESS 165 S. EASY ST. CITY-ST-ZIP CITY-ST-ZIP LECANTO FL 34461 ☐ Change ☐ Addition TITLE Delete TITLE MCVAY, POLLY NAME NAME STREET ADDRESS STREET ADDRESS 165 S. EASY ST. CITY-ST-ZIP CITY-ST-ZIP LECANTO FL 34461 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.