2000 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2000 8:00 am DOCUMENT # P98000015800 1. Entity Name Secretary of State R.D. & G.K.H., INC. 02-28-2000 90005 008 ***150.00 Principal Place of Business Mailing Address 25365 WILLOW STREET 25365 WILLOW STREET BROOKSVILLE FL 34601-4722 **BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3493156 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILLIARD, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 25365 WILLOW STREET **BROOKSVILLE FL 34601** City Zip Code 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 Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HILLIARD, RICHARD D NAME NAME 25365 WILLOW STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** ☐ Addition ☐ Defete TITLE ☐ Change TITLE HILLIARD, GENEVA K NAME 25365 WILLOW STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** □ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE: Richard D. Hellesel Pres, 1-28-2000

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.

CITY-ST-ZIP