FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Feb 16, 2001 8:00 am DOCUMENT # P98000018146 **Secretary of State** CONWAY GROVES, INC. 02-16-2001 90003 007 ***150.00 Principal Place of Business Mailing Address 1870 ALOMA AVE. 1870 ALOMA AVE. 920694 WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Citrus Bank Bldg Citrus Bank Bldg Suite, Apt. #, etc. Suite 306I Suite, Apt. #, etc. Suite 300I DO NOT WRITE IN THIS SPACE 12200 West Colonial Drive 2200 Wst Colonial Drive City & State 4. FEI Number Applied For 59-3500314 Winter Garden, FL Winter Garden, FL Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34787 Fee Required 34787 USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Randall E. McCall MCCALL, RANDALL E Street Address (P.O. Box Number is Not Acceptable) 1870 ALOMA AVE. Citrus Bank_Bldg WINTER PARK FL 32792 12200 West Colonia Drive, Suite 3001 Zip Code 34.7.87 bmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity EB. 12, 200 (NOTE: Registered Agent signature required when reinstating) ture, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. 12 ☐ Addition TITLE Delete TITLE Change MCCALL, HOLLIS O NAME NAME STREET ADDRESS STREET ADDRESS 1870 ALOMA AVE. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MCCALL, BEVERLY J NAME STREET ADDRESS STREET ADDRESS 1870 ALOMA AVE. C/TY- ST-71P CITY-ST-ZIP WINTER PARK FL 32792 ☐ Addition ☐ Change TITLE ☐ Delete TITLE MCCALL, RONALD W NAME NAME STREET ADDRESS STREET ADDRESS 1870 ALOMA AVE CITY-ST-7IF CITY-ST-ZIP WINTER PARK FL 32789 ☐ Delete ☐ Change TITLE ☐ Addition TITLE NAME MCCALL, HOLLY J NAME STREET ADDRESS STREET ADDRESS 1870 ALOMA AVE CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME MCCALL, RANDALL E NAME STREET ADDRESS 1870 ALOMA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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.