2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 20, 2002 8:00 am § Secretary of State P98000051216 DOCUMENT # 1. Entity Name 05-20-2002 90255 048 ***150 00 AMERICAN HARVESTING SYSTEMS, INC. Principal Place of Business Mailing Address 4348 SW HULL AVE 121 DOLLY ST ARCADIA FL 34266 PUNTA GORDA FL 33950 US 2. Principal Place of Business 3. Mailing Address 121 Volly Street Suite, Apt. #,,etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Oty & State Funta City & State 4. FEI Number Applied For Gorda 65-0944121 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GASKINS, GREGORY B Street Address (P.O. Box Number is Not Acceptable) 121 DOLLY ST PUNTA GORDA FL 33950 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. nted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 .10. Election, Campaign Financing \$5:00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) ☐ Change ☐ Addition NAME GASKINS, GREGORY B NAME STREET ADDRESS 121 DOLLY ST STREET ADDRESS CITY-ST-ZIP PUNTA GORDA FL 33950 CITY-ST-ZIP TITLE ☐ Delete TIT) F ☐ Change ☐ Addition NAME Gaskins, patricia m NAME STREET ADDRESS 121 DOLLY ST STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME GASKINS, AMY NAME 121 DOLLY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **PUNTA GORDA FL 33950** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · * *, Delete TITLE ☐ Change ☐ Addition 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.

SIGNATURE: