SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000056223 Jan 18, 2000 8:00 am 1. Entity Name **Secretary of State** RON'S ANTIQUE PLACE INC. 01-18-2000 90114 049 ***150.00 Mailing Address Principal Place of Business 3213 WEST HIGHWAY 98 5000 W HWY 98 PANAMA CITY FL 32401 PANAMA CITY FL 32401-1037 IJS 2. Principal Place of Business 3. Mailing Address 5000 W. HWY 5000 h Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3523038 Not Applicable \$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 **GRIFFIS, RONALD W** Street Address (P.O. Box Number is Not Acceptable) 2810 WOODMERE DR. **PANAMA CITY FL 32405-4384** Zip Code FL se of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entit y submits this statement for the 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. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change PO 1Z **A** Delete TITLE TITLE GRIFFIJ, RONALD W NAME NAME STREET ADDRESS STREET ADDRESS 2810 WOODMERE DR CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL_32405 ☐ Addition ☐ Delete TITLE TITLE RIGGS, MARY G NAME NAME STREET ADDRESS STREET ADDRESS 2810 WOODMERE DR CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Chänge ☐ Addition 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 ☐ Delete Change Addition TITLE 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 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 sustee employeed to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if