FILED 2002 UNIFORM BUS ESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State DOCUMENT # P98000062511 JIM FURR & ASSOCIATES, INC. 05-06-2002 90174 016 ***150.00 Principal Place of Business Mailing Address 3285 NIGHTTHAWK LANE 127 E. ZARGOZA PENSACOLA FL 32506 SUITE 206 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address 12th Ave 2620 N Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Pl~SAColA 4. FEI Number 59-3519563 Applied For 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 BASS & SANDFORT ACCOUNTANT INC. BASS Y SARAFORT = ACCOUNTENTS Street Address (P.O. Box Number is Not Acceptable) 127 E. ZARAGOZA; SUITE 206 711 W. GARDEN ST. PENSACOLA FL 32501 Zip Code Pensacola 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 o name of registered agent and title if applicable. (NOTE: Registered Agent signalare required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After MAY 1, Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE 3 Delete TITLE Addition FURR, JAMES C NAME NAME 3285 NIGHTTHAWK LANE STREET ADDRESS STREET ADDRESS City-St-Zig PENSACOLA FL 32506 CITY+ST-ZIP ☐ Delete TITLE Change Addition FURR, PATRICIA H NAME 3285 NIGHTTHAWK LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32506 CITY-ST-7IP ☐ Delete ☐ Change NAME -NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition IAME TREET ADDRESS STREET ADDRESS RTY-ST-ZIP CITY-ST-ZIP me ☐ Delete ☐ Change ☐ Addition AN E NAME TREET ADDRESS STREET ADDRESS ITY-ST-ZIP ITLE . . ☐ Delete TITLE ... AME 15 OFF NAME TREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3. 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: JAME C FURR PRES 3/21/02 \$59/4921415