2000 UNIFORM BUSINESS REPORT (UBR) DOÇÚMENT# 98000063 Pin-N-OUT OD FEB 23 PM 2: 36 170 INDIAN LAKED RD Interlachen SECRETARY OF STATE HAWMorne FLA TALLAHASSEE, FLORIDA 2. Principal Place of Business 3. Mailing Address Pig-W-OUT,"/Nterlachen 170 INDIAWLAKE RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State HANTHORNE Not Applicable \$8.75 Additional 32640 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PresideNt Change Addition TITLE ☐ Delete TITLE 400003157234-NAME NAME STREET ADDRESS STREET ADDRESS -03/03/00--01113--007 CITY-ST-ZIP CITY-ST-ZIP ****300.00 ****300.00 ____ Addition TITLE ☐ Change TITLE NAME NAME Chrotin STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST; ZIP ☐ Addition TITLE NAME ____ NAME STREET ADDRESS STREET ADDRESS Gaines CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ■ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P98000063841

Chris Dumond 170 Indian Lakes Rd. Hawthorne, Fla. 32640

Department of State Division of Corporations

To whom it may Concern:

I am writing to request fee adjustment to reinstate my Corporation. The Corporation (Pig-n-Out Inc) was formed in May of 1998 by my CPA. She, gave the wrong address for me to recieve renewal paperwork, never told me about it... when it was going to come or even what address she gave..... I was left in the dark until the electric company told me the corp . had been dissolved !!! Of course now I KICK myself for being so stupid as to not researching or following up.... but gosh we TRUSTED her now I am in a predicament because its 900 dollars to reinstate.... I am begging for your review in this matter.... here I was trying to get a surity bond because they want such a huge deposit and now thanks to my own stupidity and trust I have to try to come up with 900 more..... it really puts me in a bind. We are a very small family business run by sisters one runs one drive thru and the other another . We understand the State rules and obligations because we are retired R.N.'s for the State so we know you guys have your job too... but....well ...it may be too late but we did change CPA's.

If there is any way at all that you can help me I would gratefully, gratefully appreciate it.... I am merely asking that I can renew with the standard yearly fee..... thank you for your consideration in this matter...... I was told that if I wrote a letter you would take me into consideration.......

I can be reached at 352-495-7675 Chris Dumond 904-684-6113 Lynn Ciardo

Churtero Klumono

per connersation on 2/21/2000 I am submitting

this correspondance, the and for 300° and

consideration. I understand This fee wainer

would be a one time wainer. I am also

sending copy of report to footal service re

tampered mail That I may not have

received re notice to fill.

would be most appreciated

any

- n

They ten Klumone

الله الإسلام الله السلام