2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000067374 Apr 22, 2000 8:00 am Secretary of State RIB CITY S.B., INC. 04-22-2000 90058 048 ***150.00 Principal Place of Business Mailing Address 2122 2ND ST 2122 2ND ST FORT MYERS FL 33901-3013 FORT MYERS FL 33901 400000060 2. Principal Place of Business 3. Mailing Address 12525 S. Cleveland Aux 80 W. Hancock Bridge PKmy Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0853933 Case Cural TMYEN Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 399 3907 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEDEN, PAUL D Street Address (P.O. Box Number is Not Acceptable) 2122 2ND ST FORT MYERS FL 33901 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition PD TITLE SAME ☐ Delete PEDEN, PAUL D NAME 125755. Cleveland Aue STREET ADDRESS STREET ADDRESS 2122 2ND ST CITY-ST-7IP CITY-ST-ZIP FORT MYERS FL 33901 -T Myers F1 33507 ☐ Change ☐ Addition ☐ Delete TITLE Peden Craig 10 12575 S Cleveland Ave PEDEN, CHARY D NAME NAME STREET ADDRESS STREET ADDRESS 2122 2ND ST FTMYers F1 33507 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Addition TITLE ☐ Delete TITLE SAME COOK, PETER M NAME NAME 12575 S. Cleveland Ave STREET ADDRESS STREET ADORESS 7771 CAMERON CIR CITY-ST-ZIP T. Myers F133507 CITY-ST-ZIP FORT MYERS FL 33912 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 expanyered.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIG

Vitum Cal

2/25/00

941-275-6700

Daytime Phone #