2003 FOR PROFIT CORPORATION

FILED Mar 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR** P98000069664 DOCUMENT # 1. Entity Name 03-05-2003 90077 041 ***150.00 LANDRUM STAFFING, INC. Principal Place of Business Mailing Address 6723 PLANTATION ROAD 6723 PLANTATION ROAD PENSACOLA FL 32504 PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Pensacola City & State 4. FE! Number Applied For 59-3527096 Not Applicable Country 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 andrum, H. Britt Fr. Street Address (P.O. Box Number is Not Acceptable) 6723 PLANTATION ROAD PENSACOLA FL 32504 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITI F Change Addition Landrum, H. Britt Fr LANDRUM, H B JR. NAME NAME 6723 PLANTATION ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Landrum, Elizabeth N. LANDRUM, ELIZABETH N D NAME NAME 6723 PLANTATION RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32504 CITY-ST-ZIP Vice-president Perkins Michael A. 19723 Plantation Road TITLE ☐ Delete TITLE ☐ Change **X** Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

2/27/03

Change

☐ Addition

Addition