2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000077405 Feb 25, 2000 8:00 am Secretary of State 1. Entity Name AC & LP CORP. 02-25-2000 90016 047 ***150.00 Principal Place of Business Mailing Address 2057 TAFT ST. 2057 TAFT ST. HOLLYWOOD FL 33020-2724 HOLLYWOOD FL 33020 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0864081 Not Applicable Country Zip Country Zip \$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 BOGGS, LESTER C Street Address (P.O. Box Number is Not Acceptable) 2057 TAFT ST. HOLLYWOOD FL 33020 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 SIGNATURE 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 Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filling requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change Addition TITLE ☐ Delete TITLE NAME BOGGS, LESTER C NAME STREET ADDRESS STREET ADDRESS 4190 S.W. 75TH CIRCLE EAST CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33314 Change Addition ☐ Delete TITLE TITLE HUTCHISON, LORA J NAME NAME STREET ADDRESS STREET ADDRESS 705 EAST GREEN LANE CITY-ST-ZIP CITY-ST-ZIP WOODSTOCK'GA 30189 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME THORNTON, DEBORAH K NAME STREET ADDRESS STREET ADDRESS 4151 S.W. 75TH CIRCLE CITY-ST-ZIP CITY-ST-ZIP DAVIE'FL'33314 ☐ Change Addition Delete TITLE TITLE BOGGS, HAMILTON D NAME NAME STREET ADDRESS STREET ADDRESS 2301 LEE STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Change ☐ Delete ☐ Addition TITLE NAME NAME PAYNE, NANCY A STREET ADDRESS STREET ADDRESS P.S.C. 41 BOX 45 CITY-ST-ZIP CITY-ST-ZIP APO AE 09464 Delete ☐ Addition TITLE uur NAME WILLIAMS, KIMBERLY S STREET ADDRESS CALL AT ADDITIONS ROUTE 5B BOX 669 CITY-ST-ZIP ST ZID HINDERSONVILLE NC 28792

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. The provider like empowered.

SIGNATURE:

IGNATURE AND TYPED OR POWED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

954-923-3440

Daytime Phone #