2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000078206

1. Entity Name

PALMETTO CORPORATION

107 PALM HARBOUR BOULEVARD PANAMA CITY BEACH FL 32408

2. Principal Place of Business

Principal Place of Business

Mailing Address

3. Mailing Address

107 PALM HARBOUR BOULEVARD PANAMA CITY BEACH FL 32408-5209

Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3537472 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAMPBELL, T. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1007 PALM HARBOUR BLVD PANAMA CITY BEACH FL 32408 Zip Code FL 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 **\$5.00** May Be - 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing 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 12. 11. Change ☐ Addition ☐ Delete TITLE CAMPBELL, TERRY MICHAEL NAME STREET ADDRESS 107 PALM HARBOUR BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 ☐ Addition Delete Change VSD CAMPBELL, SUE S NAME NAME STREET ADDRESS STREET ADDRESS 107 PALM HARBOUR BOULEVARD CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32408 Change Addition TITI F ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CUTY-ST-ZIF

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

Change

Change

☐ Addition

Addition

FILED

Secretary of State

03-27-2000 90068 044 ***158.75

Mar 27, 2000 8:00 am