FILED 2000 UNIFORM BUSINESS REPORT (UBR) Apr 06, 2000 8:00 am Secretary of State DOCUMENT # P98000099246 BARNACLE DISTRIBUTING CORPORATION 04-06-2000 90013 046 ***150.00 Principal Place of Business Mailing Address 5053 OCEAN BLVD. STE. 39 5053 OCEAN BLVD. STE. 39 SARASOTA FL 34242-1607 SARASOTA FL 34242 A0033755 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 1020 24th AVE. 1020 24+4 4. FE! Number Applied For City & State 65-0880747 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **GUYNES, KENNETH W** Street Address (P.O. Box Number is Not Acceptable) 5053 OCEAN BLVD. STE. 39 SARASOTA FL 34242 1020 24th AVE.E 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete M Change TITLE **GUYNES, KENNETH W** NAME NAME 1020 24th AVE. E STREET ADDRESS STREET ADDRESS 5053 OCEAN BLVD. STE. 39 CITY-ST-ZIP ELLENTON FLORIDA 34222 CITY-ST-ZIP SARASOTA FL 34242 Delete TITI F TITLE GUYNES, LINDA M NAME NAME STREET ADDRESS STREET ADDRESS 5053 OCEAN BLVD. STE. 39 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34242 ☐ Change ☐ Addition Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 empowered.

SIGNATURE:

LINDA M. GUYNES 3/30/2000 800 275.2766
DIRECTOR Davine Phone #