2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental report is true

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

of the corporation or the receiver or trustee empow changed, or on an attachment with an address

SIGNATURE:

FILED DOCUMENT # **P98000100380** Apr 03, 2000 8:00 am Secretary of State HENRY HOLDINGS OF TALLAHASSEE, INC. 04-03-2000 90132 011 ***158.75 Principal Place of Business Mailing Address 2930 WELLINGTON CIRCLE #101 2930 WELLINGTON CIRCLE #101 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-6878 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3544337 Not Applicable \$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 CONNER, MARK A Street Address (P.O. Box Number is Not Acceptable) 2930 WELLINGTON CIRCLE #101 TALLAHASSEE FL 32308 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DΡ CR2E034 (9/99 Addition TITLE ☐ Delete CONNER, MARK A NAME 2930 WELLINGTON CIRCLE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP Addition Delete Change TITLE TITLE MALONEY, ROBERT E JR. NAME NAME 2930 WELLINGTON CIRCLE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACLAHASSEE FL 32308 CITY-ST-ZIP Addition Change ☐ Delete TITI F Albert J. CONNER TR NAME NAME STREET ADDRESS STREET ADDRESS Vieux Carre CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE 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 not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. Thereby certify that the information supplied with this fills tate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director tute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ONNER 3/20/1. 850-386-(3)