2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am³ Secretary of State DOCUMENT # P98000108014 1. Entity Name 05-17-2001 90385 010 ***150.00 LLOYD POWELL INC. Principal Place of Business Mailing Address 5053 PINE RIDGE DRIVE 5053 PINE RIDGE DRIVE CHIPLEY FL 32428 CHIPLEY FL 32428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3549961 Not Applicable Zip Country 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 Name POWELL, LLOYD Street Address (P.O. Box Number is Not Acceptable) **5053 PINE RIDGE DRIVE** CHIPLEY FL 32428 Zip Code City 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE ☐ Change POWELL, LLOYD NAME NAME STREET ADDRESS 5053 PINE RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CHIPLEY FL 32428 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME MORRIS, JULIE NAME STREET ADDRESS 5053 PINE RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ... CHIPLEY-FL 32428 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

MORRIS SIGNATURE AND TYPED ON PRINTED NAME OF

CR2E034 (10/00