FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 15, 2002 8:00 am P99000006550 **DOCUMENT#** Secrétary of State BENE/MAC PUBLISHING CO., INC. 07-15-2002 90189 034 ***150.00 Principal Place of Business Mailing Address 2500 MINNESOTA AVE 2304 WINANA DR P.O.BOX 18769 SUITE 206 PANAMA CITY FL 32405 32417 LYNN HAVEN FL 32444 3. Mailing Address R.O. BO 7 18769 Suite, Apt. #, etc. 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3555799 Applied For ANAMA CITY Not Applicable Zip Country \$8.75 Additional BAY-5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BENEFIELD, JOHN E 2304 WINANA DR P.O. BOX 18769 Street Address (P.O. Box Number is Not Acceptable 2.5 00 MiNNES of A PANAMA CITY FL-32405 32417 City LYNW HAVEN 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. I am familiar with, and accept the obligations of registered agent. OHNE. BENEFIELD PRESIDENT SIGNÁTURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE BENEFIELD, JOHN E ☐ Addition NAME NAME PO BOX 18769 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32417 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TIT! F ☐ Change ☐ Addition MCDANIEL, WILMA NAME NAME PO BOX 18769 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32417 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAMF NAME

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 changed, or on an attachment it is an address, with abother like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

JOHN E. Benefield

Daytime Phone #

AHaChment

#19900006550

Bene/Mac Publishing Inc.. 2500 Minnesota Ave. Suite 206 Lynn Haven, FL 32444

July 10, 2002

Secretary of State
The Capitol
Plaza Level 02
Tallahassee, FL 32399-0250

Dear Sir,

Our corporation did not receive the prior notice of the U.B.A. If you will check, you will see that we have always paid on time. This notice was received on July 9, 2002. Attached you will find our check for \$150.00. We request that will be the correct amount.

Thank you,

John E. Benefield, President-

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