2001 UNIFORM BUSINESS REPORT (UBR)

5/4/01-90125-030-$158.75-$158.75

APPROVED AND FILED

01 MAY 24 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00047211

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000013542

1. Entity Name
PLW, INCORPORATED

Principal Place of Business	Mailing Address
525 JOHN KNOX RD. SUITE A TALLAHASSEE FL 32303	525 JOHN KNOX RD. SUITE A TALLAHASSEE FL 32303

2. Principal Place of Business	3. Mailing Address
2069 North Monroe St.	2069 North Monroe St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee, Florida
Zip: 32303 / Country: USA	Zip: 32303 / Country: USA

4. FEI Number: APPLIED FOR 59-3556709 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUGGER, MICHAEL W 803 LASSWIDE DR. TALLAHASSEE FL 32312	Name: Cliff Burns Street Address (P.O. Box Number is Not Acceptable): 2069 North Monroe Street City: TALLAHASSEE, FL Zip Code: 32303

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: Cliff Burns
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☒ Delete	TITLE	President ☒ Change ☒ Addition
NAME	WHITE, PATRICK L	NAME	Cliff Burns
STREET ADDRESS	525 JOHN KNOX ROAD	STREET ADDRESS	2069 North Monroe Street
CITY-ST-ZIP	TALLAHASSEE FL 32303	CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	H. Dexter Porter
STREET ADDRESS		STREET ADDRESS	235 Meridianna Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	☐ Delete	TITLE	Treasurer ☐ Change ☒ Addition
NAME		NAME	Perry L. Harrison
STREET ADDRESS		STREET ADDRESS	2803 Pound Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	Eddy McLeod
STREET ADDRESS		STREET ADDRESS	2221 Rio Vista
CITY-ST-ZIP		CITY-ST-ZIP	Sopchoppy, FL 32358
TITLE	☐ Delete	TITLE	Director ☐ Change ☒ Addition
NAME		NAME	James B. Powers
STREET ADDRESS		STREET ADDRESS	1349 Old Village Rd.
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32312
TITLE	☐ Delete	TITLE	Secretary ☐ Change ☒ Addition
NAME		NAME	Robert D. Powers
STREET ADDRESS		STREET ADDRESS	2141 Skyland Drive
CITY-ST-ZIP		CITY-ST-ZIP	Tallahassee, FL 32303

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: Cliff Burns — 4-30-01 — 385-2022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)