FILED 2001 UNIEORM BUSINESS REPORT Jun 25, 2001 8:00 am DOCUMENT # **Secretary of State** 06-25-2001 90252 007 \*\*\*150.00 Principal Place of Business # Loop Loop Live Oak, 11. 32060. A0074594 2. Principal Place of Business, 8848 /35 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 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 David E. Tedder 8848 135# Loop Street Address (P.O. Box Number is Not Acceptable) Live Oak. # 32060 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. 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so, Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (11/00) resident TITLE ☐ Change Addition ☐ Delete TITLE David E. Tedder 8848 135 1 Loop NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ive Oak, 21. 32060 Brad Wright Vice president Delete 7031 head Rd TITLE ☐ Change Addition TITLE NAME 71-Myors, 31 33905 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP M. Joyce Tedder Sect Tres Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Live Oat H. 32060 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Attachment 0#p99000001980 A0074599 6-20-01 To Whom set May Concern: I received the police and discound my mail that the date Rad the date of your letter. Back in agail I sent the Society for corp. In report, but a few days twend decorned the check in the sheets These have been delays in my getting my mail became of moving -