FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 30, 2001 8:00 am Secretary of State DOCUMENT # P99 0000 39491 1. Entity Name Peacock's Flooring Installation, Inc. 05-30-2001 90033 006 ***150.00 Principal Place of Business Mailing Address 1684 CYPRESS AVENUE A0072245 70mos McLBourne-FLA 32935 2. Principal Place of Business 3. M Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3572883 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 BICKY DAVID PEACOCK Street Address (P.O. Box Number is Not Acceptable) 941 GRANDEUR ST PALMBAY Florida 32909-3844 Zip Code 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. (NOTE Registered Agent sig lature 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 Tax filing requirement and elects to do so. After MAY 1, 201 1 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payab to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 (X) Change Addition HILE □ Delete RICKY OAVID PEACOCK NAME NAME 941 GRANDRUR ST STREET ADDRESS STREET ADDRESS BALM BAY FL 32909 3844 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that of the comporation 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.

5-15-2001 676-0781
Date Daylime Phone #