2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000039421** May 09, 2000 8:00 am Secretary of State BNH INVESTMENTS, INC. 05-09-2000 90094 008 ***150.00 Principal Place of Business Mailing Address 119 EUCLID AVENUE 119 EUCLID AVENUE BIRMINGHAM AL 35213 BIRMINGHAM AL 35213-2906 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 58-2464115 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALTERS, ELIZABETH J Street Address (P.O. Box Number is Not Acceptable) 221 MCKENZIE AVE. PANAMA CITY FL 32401 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11, ☐ Addition ☐ Change TITLE ☐ Delete BURNHAM, WESLEY L JR. NAME NAME 11212 FRONT BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NALL, J. WALLACE JR. NAME 119 EUCLID AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BIRMINGHAM AL** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete -TITLE NALL, J. WALLACE III NAME NAME 119 EUCLID AVE. STREET ADDRESS STREET ADDRESS **BIRMINGHAM AL** CITY-ST-ZIP CITY-ST-ZIP Change | ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Delete Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 supplementar port 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #