FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 15, 2001 8:00 am Secretary of State DOCUMENT # **P99000041946** 1. Entity Name 03-15-2001 90186 004 ***150.00 T-PEK, INC. Principal Place of Business Mailing Address 5250 JOHNS LANE 5250 JOHNS LANE MARIANNA FL 32448 MARIANNA FL 32448 3. Mailing Address 5301 ROCKY CREEK PD 2. Principal Place of Business 5301 Rocky CREEK RD DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3579002 MARTANNA MART ANNA PL 🕮 Not Applicable \$8.75 Additional 5. Certificate of Status Desired JACKSON 7. Name and Address of New Registered Agent --- 6.- Name and Address of Current Registered Agent Meluin, Norman E Street Address (P.O. Box Number is Not Acceptable) MELVIN, NORMAN E 5250 JOHNS LANE MARIANNA FL 32448 5301 ROCKY CREEK RD 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. (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 Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition CR2E034 (10/00 TITLE ☐ Delete TITLE MELVIN, NORMAN E MELVIN, NORMAN E NAME NAME 5301 ROCKY CREEK RD STREET ADDRESS 5250 JOHNS LANE STREET ADDRESS MARTAWNA, FL 32448 CITY-ST-ZIP MARIANNA FL 32448 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE COUILLETTE, PRESTON B NAME NAME STREET ADDRESS P.O. BOX 1066 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARIANNA FL 32446 Delete ☐ Change ☐ Addition TITLE TITLE ÑAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 attagment with an address, wintell other like empowered.

SIGNATURE:

CER OR DIRECTOR