2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000056862 GULF COAST PRIDE OF PENSACOLA, INC. 03-21-2000 90081 018 ***150.00 Mailing Address Principal Place of Business 675 W. GARDEN ST. 675 W. GARDEN ST. PENSACOLA FL 32507-2361 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City'& State Applied For City & State Not Applicable Country Zip \$8.75 Additional Country Zic Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name LYNCH, WILLIAM P Street Address (P.O. Box Number is Not Acceptable) 1615 E. SCOTT ST. PENSACOLA FL 32503 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. TWATERSACT Delete TITLE Change Addition TITLE William P. Lynch 16:5 EAST Scott NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP rola, FL 37503 VICE PARTICIANT Addition Addition Change vice President TITLE TITE F Delete William Lyngh RONALD SWIGHT NAME NAME CAST SCOH 1615 E. Joot STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FL 38503 CITY-ST-ZIP Peusacela ☐ Change X Addition SILUPTARY Delete TITLE TITLE William D. Lynch 1615 9435 Sto H Prob. FL 32503 Rowald Binia NAME NAME 16.2 EDIL 2007 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FC CITY-ST-ZIP 37503 ☐ Addition ☐ Change ☐ Delete TITLE TITLE REATURE 1:An P. Lynch 18AST Scott NAME NAME ulillian STREET ADDRESS STREET ADDRESS D'colo, FL 32503 CITY-ST-712 CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7/P DILE Change ☐ Addition ☐ Dalete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does persualify 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 empoyered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or Block 12 if (35-1443 3-15-00

NTED NAME OF SIGNING OFFICER OR DIRECTOR