2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P99000073788 ROCKING "S' PROPERTIES, INC. 03-23-2000 90006 037 ***150.00 Mailing Address Principal Place of Business 2306 BEACH TRAIL 2306 BEACH TRAIL INDIAN ROCKS BEACH FL 33785-3047 INDIAN ROCKS BEACH FL 33785-3047 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Numbe Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOWERS, CORINNE Street Address (P.O. Box Number is Not Acceptable) 2306 BEACH TRAIL INDIAN ROCKS BEACH FL 33785-3047 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS PRESIDENT, DIRECTOR BEChange CATHY C STOWERS 2306 BEACH TRAIL ☐ Delete TITLE TITLE NAME STOWERS, CATHY C NAME STREET ADDRESS STREET ADDRESS 2306 BEACH TRAIL Indian Rocks Beach, FL 33785-3047 VICE PRESIDENT, DIRECTOR Change Addition CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785-3047 TITLE Delete TONATHAN STOWERS HINKIE STOWERS, PATRICIA F NAME NAME STREET ADDRESS 2306 Beach Trail STREET ADDRESS 2306 BEACH TRAIL Indian Rocks Beach, FL 33785-304 CITY-ST-ZIP CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785-3047 ☐ Addition TITLE ☐ Delete TITLE NAME NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/2000