2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # P99000082302 1. Entity Name GRADDICK AND PARARO, INC. 03-15-2000 90107 024 ***150.00 Mailing Address Principal Place of Business 1050 WINFIELD FOREST DRIVE 1050 WINFIELD FOREST DRIVE TALLAHASSEE FL 32311 TALLAHASSEE FL 32311-8614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Numbe City & State Applied For City & State Not Applicable Zip 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 PARARO, CARLA G Street Address (P.O. Box Number is Not Acceptable) 1050 WINFIELD FOREST DRIVE TALLAHASSEE FL 32311 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 DATE 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 filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition TITLE Delete NAME GRADDICK, JOHN H NAME STREET ADDRESS STREET ADDRESS 1406 HIGHLAND DRIVE CITY-ST-ZiP CITY-ST-ZIP TALLAHASSEE FL 32311 TITLE Change Addition □ Delete TITLE GRADDICK, WAYNE H NAME NAME STREET ADDRESS 1881 HOOT OWL HILL STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Addition ☐ Change De ete TITLE TITLE GRADDICK, MARLA Y NAME NAME STREET ADDRESS STREET ADDRESS 3135 LAKEWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP COLUMBIA SC 29291 ☐ Change ☐ Addition ☐ Delete TITLE TITLE PARARO, CARLA G NAME NAME 1050 WINFIELD FOREST DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32311 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TIT! F 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 attachment with an address, with all other like empowered