2000 UNIFORM BUSINESS REPORT (UBR)

Aug 17, 2000 8:00 am Secretary of State DOCUMENT # P99000101726 1. Entity Name DEG MAINTENANCE, INC. 02-02-2000 90024 048 ***150.00 Mailing Address Principal Place of Business 13778 CR 209 P.O. BOX 438 OXFORD FL 34484 OXFORD FL 34484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-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 Name GREGORY, DARRYL Street Address (P.O. Box Number is Not Acceptable) 13778 CR 209 OXFORD FL 34484 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE GREGORY, DARRYL NAME NAME STREET ADDRESS STREET ADDRESS P.O.BOX 438 CITY-ST-ZIP CITY-ST-7IP **OXFORD FL 34484** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition -_ · Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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 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.

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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Doc# P99000101726

August 1, 2000

Division of Corporations Uniform Business Report Filing P.O. Box 1500 Tallahassee, FL-32302-1500

Ref: P99000101726/ DEG Maintenance, Inc. Annual Report

Dear Sirs:

Per our conversation on the phone today regarding the above referenced annual report that was filed in January 2000. We did receive the form and filled in box 4 with the FEI Number and returned it to your office. However, you stated today that you have never received the form. We were unaware of this until we received the second notice, as the check for \$150 had cleared the bank. We are filling this form out once again and would appreciate you waving the penalty as the original form was filed on time.

Thank you in advance for your cooperation in this matter.

Sincerely,

Darryl Gregory