FILED **2002 UNIFORM BUSINESS REPORT (UBR)** May 03, 2002 8:00 am Secretary of State P99000107369 DOCUMENT # 1. Entity Name GARNER INVESTMENT GROUP, INC. 05-03-2002 90156 001 ***150 00 Principal Place of Business Mailing Address 110 W TARPON AVE 110 W TARPON AVE **TARPON SPRINGS FL 34689** TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address P.O. BOX 3510 446 EURST STREET MURTH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Dr. Peterspure ST, PETERSPLING, FLORIDA , FLOEID Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired PINELLAS 33701 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent M. GARNER GARNER, ROSE Street Address (P.O. Box Number is Not Acceptable) 110 W TARPON AVE **TARPON SPRINGS FL 34689** Zip Code T. PETERSBURG 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. 4-18-02 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 filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE President (9/04) ☐ Delete TITLE ☐ Change Addition ROSE M. GARWER 800 THIRD STREET UNITS GARNER, DONALD C NAME NAME 110 W. TARPON AVENUE CR2E034 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34689 CITY-ST-ZIP CITY-ST-ZIP 32625-0965 CEDAR KEY, FLORIDA PRESIDENT ☐ Delete TITLE TITLE ☐ Addition ROSE M. GARNER NAME NAME 850 THIRD STREET UNIT S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP EDAR REY, FLORIDA Delete -- --TITLE ☐ Change _ ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITI F ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.