FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 09, 2002 8:00 am Secretary of State **DOCUMENT #** S00441 1. Entity Name 8 01-09-2002 90006 037 ***150.00 MOLDINGS & MILLWORK, INC. Principal Place of Business Mailing Address 10135 118TH AVENUE NORTH 10135 118TH AVENUE NORTH LARGO FL 34643 LARGO FL 34643 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3040361 Not Applicable Zip \$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 JOHNSON, TRYGVE N. Street Address (P.O. Box Number is Not Acceptable) 10135 118TH AVENUE NORTH LARGO FL 34643 City 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) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01) Delete TITLE ☐ Change ☐ Addition JOHNSON, TRYGVE N. NAME 10135 118TH AVENUE NORTH STREET ADDRESS STREET ADDRESS CR2E034 CITY-ST-ZIP LARGO FL CITY-ST-7/P TITLE ☐ Delete ☐ Change ☐ Addition NAME JOHNSON, ROGER H. NAME STREET ADDRESS 10135 118TH AVENUE NORTH STREET ADDRESS CITY-ST-ZIP LARGO FL CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME JOHNSON, ANNETTE NAME STREET ADDRESS 10135 118TH AVE NORTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LARGO FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ... Addition 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.

SIGNATURE: _