FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # \$24855** 1. Entity Name S.R. SUTTON, INC. 04-02-2001 90308 025 ***150.00 Mailing Address Principal Place of Business 23030 BRIGHTON PL 23030 BRIGHTON PL LAND O'LAKES FL 34639 LAND O'LAKES FL 34639 2. Principal Place of Business 3. Mailing Address 2410 Juceess Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3041586 Not Applicable Zip 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 SUTTON, STEVEN ROY Street Address (P.O. Box Number is Not Acceptable) 23030 BRIGHTON PLACE LAND O'LAKES FL 34639 Zip Code City 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE Addition SUTTON, STEVEN ROY NAME 23030 BRIGHTON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAKES FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition SUTTON, LAURA K. NAME NAME 23030 BRIGHTON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAND O'LAKES FL CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition SUMITTON, ROY E NAME NAME HAULOVER AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SPRINGHILL FL CITY-ST-7P Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

813996-3723

Daytime Phone #