System	2001 UNIFORM BUSINESS REPORT (UDOCUMENT # \$30077 1. Entity Name FLORIDA MSI, INC.						Apr 27, 2001 08:00 AM Secretary of State						
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Zip Country Zip Country 5. Cedificate of Status Desired SA-75 Addition			•								-		
Suite, Apr. 8, etc. Suite, Apr. 8, etc. Suite, Apr. 8, etc. DO NOT WRITE IN THIS SPACE Application of the property of				US	FL								
City & State Country Country Country Country Country S. Certificate of Status Desired S. S. T. Saddlich Fee Required Brancher Jobb C. Street Address of Norw Registered Agent Name PRATHER, JOEL G. SSZEF FLORING AVENUE SUITE A PRANAMA CITY FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Onto City FL Zip Code City Street Address (P.O. Box Number is Not Acceptable) City FL City City FL C	Principal Pla	ace of Business	3. Mailing Address	 -							-		
Zip Country Zip Country 59-3049882 Sar55 Addition State Part Registered Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent 8. Address (P.O. Box Number is Not Acceptable) PRATIER, JOEL G. SZIF LORINA AVENUE 512 Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause of the international for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause from the floridate. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 504000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 604000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 604000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 604000 primer rane of engineer dager one site it and cause. (NOTE Pagineer Agest signature registered agent, or both, in the State of Florida. SIGNATURE 604000 primer ra	Suite, Apt. #	e, etc.	Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	SPACE	–		
Country	City & State		City & State			I	1 1.444.444.4					Ì	
FRATHER JOLL G. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Ming requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 11. OFFICERS AND DIRECTORS IT 11. OFFICERS AND DIRECTORS IT 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 13. OFFICERS AND DIRECTORS IT 14. OFFICERS AND DIRECTORS IT 15. OFFICERS AND DIRECTORS IT 16. Election Campaign Financing 17. TURE Fund Contribution. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 19. STREET ADDRESS 10. STREET ADDRESS 11. OFFICERS AND DIRECTORS IT 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT 11. OFFICERS AND DIRE	Zip	Country	Zip	Count	ry	- 1			<u> </u>	\$8.75 A		1	
PRATHER, JOEL G. 3521 PLORIDA AVENUE SUITE A PANAMA CITY S1445 US City FL Zip Code 6. 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 Spatium, sport or privated name of registered agent are of registered agent, or both, in the State of Florida. SIGNATURE Spatium, sport or privated name of registered agent are of registered agent are of registered agent, or both, in the State of Florida. SIGNATURE Spatium, sport or privated name of registered agent are of registered agent, or both, in the State of Florida. SIGNATURE Spatium, sport or privated name of registered agent are of registered agent, or both, in the State of Florida. SIGNATURE Spatium, sport or privated name of registered agent are of registered agent, or both, in the State of Florida. SIGNATURE Spatium, sport or privated name of registered agent, or both, in the State of Florida. SIGNATURE Spatium, sport or privated name of registered agent, or both, in the State of Florida. OAY27/2001 AVE THE INDIVIDUAL ARE IN STATE IN ST		6. Name and Address of Current R	egistered Agent		·	7.	Name and Ad	dress of New	Registered		ea	-	
SITURE A PANAMA CITY SITURE TO SPECIAL PARAMA CITY SITURE TO SITURE A SUMME STREET ADDRESS STR	DATUED 16	OFI C		-	Name				3.2		· ·	1	
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	521 FLORID				Street Ad	dress (P.O. E	Box Number is	Not Acceptat	ole)		<u>-</u> - -	_	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE O4/27/2001			,					·				<u></u>	
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 1	32405	US			City			<u>.</u>	FL	Zip Co	de	1	
SIGNATURE Signature, typed or princed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reionataling) P. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) N. Affer MAY 1, 2001 Fee will be \$550.00. Affer MAY 1, 2001 Fee will be \$550.00. Affer MAY 2, 2001 Fee will be \$550.00. Affer MAY 1, 2001 Fee will be \$550.00. Affer MAY 1, 2001 Fee will be \$550.00. Trust Fund Contribution. Added to Department of State 10. Election Campaign Financing Added to Department of State 11. OFFICERS AND DIRECTORS IN TITLE NAME PRATHER ELIZABETH K STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-2P PANAMA CITY FL Obelste TITLE VP NAME PRATHER ELIZABETH K STREET ADDRESS CITY-ST-2P PANAMA CITY FL Obelste TITLE VP NAME PRATHER ELIZABETH K STREET ADDRESS CITY-ST-2P PANAMA CITY FL Obelste TITLE NAME STREET ADDRESS STREET ADDRES	The above n	named entity submits_this statement for	the purpose of changing its i	egistere	d office or	registered ag	ent, or both, i	n the State of I		<u> </u>		┥	
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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 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 and 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 and the state of the corporation of 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 and the state of the corporation of 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 and the state of the corporation of 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 or Block 12 or Block 12 or Block 13 or Block 13 or Block 14 or Block 14 or Block 14 or Block 14 or Block 15 or Bl	of the corpo	oration or the receiver or trustee empoyor on an attachment with an address, with the control of	rue and accurate and that my vered to execute this report a th all other like empowered.	y signat is requir	ure shall ha ed by Char	ive the same oter 607, Flori	legal effect a: ida Statutes; a	s if made unde and that my na 04/27/2001	er oath; that I ime appears i	am an office in Block 11 d	r or director	_	

Date

Daytime Phone #