2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am DOCUMENT # \$77090 1. Entity Name Secretary of State GOLF & ELECTRIC CARRIAGES, INC. 05-08-2000 90111 015 ***150.00 Principal Place of Business Mailing Address C/O JOHN P. MILLIGAN. JR. GOLF & ELECTRIC CARRIAGES INC. 1500 COLONIAL BLVD. SUITE 103 17135 JEAN ST. UUU85013 FT. MYERS FL 33912 FORT MYERS FL 33907-1025 US 2. Principal Place of Business 3. Mailing Address 17135 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0284553 Not Applicable \$8.75 Additional Ζiρ 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent, 6. Name and Address of Current Registered Agent Name MILLIGAN, JOHN P. Street Address (P.O. Box Number is Not Acceptable) 1500 COLONIAL BLVD #103 FT MYERS FL 33907 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change TITI F ☐ Delete TITLE Brownell, JASON E BROWNELL, DIAN L. NAME STREET ADDRESS STREET ADDRESS 15370 KILBIRNIE DRIVE CITY-ST-ZIP CITY-ST-ZIP 78709 FORT MYERS FL ☐ Addition Change Delete TITLE BROWNELL, ROGER E. NAME NAME STREET ADDRESS STREET ADDRESS 15370 KILBIRNIE DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL Addition Delete ☐ Change TITLE PARSONS, HOWARD NAME STREET ADDRESS STREET ADDRESS 151 SW 53RD ST CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL [] Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

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

SIGNATURE:

CITY-ST-ZIP

Roger E Brownell 4/17/00