2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # \$80990** KARST INVESTORS I. INC. 02-28-2001 90073 031 ***150.00 Principal Place of Business Mailing Address 200C SOUTH US 27 200C SOUTH US 27 CLERMONT FL 34711 CLERMONT FL 34711 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 59-3114338 Not Applicable Zip Country 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 KARST, GEORGE F. J Street Address (P.O. Box Number is Not Acceptable) C/O KARST INVESTORS, INC. 200C SOUTH US HWY 27 CLERMONT FL 34711 Zip Code 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 DATE (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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TIT1 F TITLE ☐ Change ☐ Delete NAME KARST, GEORGE, F., JR. NAME STREET ADDRESS 200 C SOUTH US 27 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 ☐ Addition ☐ Delete TITLE ☐ Change TITI F KARST, RANDALL LEE NAME NAME STREET ADDRESS 1375 5TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP CLERMONT FL 34711 Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

President George F. Korst Jr 2/21/01 (352)241-2387
OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)