FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State **DOCUMENT # \$83140** * Entity Name K.E.I. CORP. 05-14-2001 90036 041 ***150.00 Principal Place of Business Mailing Address 4418 W SAN MIGUEL ST 4418 SAN MIGUEL ST. TAMPA FL 33629 **TAMPA FL 33629** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0300129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Peebles HOLCOMB. VICTOR W. Street Address (P.O. Box Number is Not Acceptable) 3401 GARDENIA DRIVE **TAMPA FL 33629** 4418 W. San 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. OTE: 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE PEEBLES, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 4418 W SAN MIGUEL ST CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE ☐ Delete TITLE ☐ Change Addition PEEBLES, MARY LOU NAME NAME STREET ADDRESS 4418 W SAN MIGUEL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33629** Director Kelly C. Peebles 4418 W. San Miguel St Tanpa, Fl. 33629 TITLE Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: TY

4/24/01 813-877-244