2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # \$86770** STOCKTON REALTY GROUP, INC. 25-2001 90374 033 ***150.00 Principal Place of Business Mailing Address 208 PONTE VEDRA PARK DR P.O. B OX 1069 PONTE VEDRA BEACH FL 32004 **ISTE 102** 748568 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3089001 Not Applicable Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WATSON, KEITH Street Address (P.O. Box Number is Not Acceptable) 208 PONTE VEDRA PARK DRIVE STE 101 STE 102 PONTE VEDRA BEACH FL 32082 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, typed or printed name of registered agent and title if applicable. (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Addition TITLE ☐ Delete TITLE Change HUTCHESON, NORMA JEAN NAME NAME 10960 BEACH BLVD #395 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32246 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE CAVIN, JILL NAME NAME 2412 EGRETS GLADE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL CPD ☐ Change Addition ☐ Delete TITLE TITLE STOCKTON, JAMES R J NAME NAME 1300 PONTE VEDRA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE STOCKTON, JULIA P R NAME NAME 89 SOUTH ROSCOE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE PONTE VEDRA BEAHC FL 32082

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?

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

4/9/01 904255-4884

CR2E034 (10/00)

Addition

☐ Addition

Change

Change