2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$94887** May 22, 2000 8:00 am Secretary of State HAMIC & SHIVERS, P.A., CPAS 05-22-2000 90022 007 ***150.00 Mailing Address Principal Place of Business 201 S. FLORIDA AVE. 201 S. FLORIDA AVE. LAKELAND FL 33813-2043 LAKELAND FL 2. Principal Place of Business 4953 South! Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3094420 Not Applicable \$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 SHIVERS, JEFFREY S 201 S. FLORIDA AVE. LAKELAND FL 33801 changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of SIGNATURE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is engine to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP **Change** ☐ Addition ☐ Delete TITLE SHIVERS, JEFFREY S. 4953 Southfork Dane NAME NAME 201 S. FLORIDA AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE 4953 South fork Drive Lakeland, FC 33813 SHIVERS, LORI H NAME STREET ADDRESS STREET ADDRESS 201 S. FLORIDA AVE. CITY-ST-ZIP -CITY-ST-ZIP LAKELAND FL - - ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE NOSI CLEACH BOX to a . Delete NAME NAME DIBERTALIZE OF LEGAL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP · 🔲 Addition. ☐ Change ☐ Delete TITLE 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 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 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 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 of trustee 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 of trustee 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 of trustees. indicated on this report or supplemental reports true and accurate and that or of the corporation or the receiver or trustee suppowered to execute this repor-changed, or on an attachment with an address, with all other like empoyers

SIGNATURE: