2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 14, 2001 8:00 am Secretary of State **DOCUMENT # V01579** 1. Entity Name AVALON MANAGEMENT GROUP, INC. 05-14-2001 90261 033 ***150.00 Principal Place of Business Mailing Address 3220 AVALON BOULEVARD 3220 AVALON BOULEVARD MILTON FL 32583 MILTON FL 32583 HS US 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 59-3112659 Not Applicable Zip Country 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 MILLER, JANE Street Address (P.O. Box Number is Not Acceptable) 3220 AVALON BLVD MILTON FL 32583 City Zip Code FL 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) . \square Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete CR2E034 (10/00) TITLE ☐ Change Addition NAME DUDLEY, STEWART R NAME STREET ADDRESS STREET ADDRESS 2101 MAGNOLIA AVE S SUITE 300 CITY-ST-ZIP City-St-ZiP BIRMINGHAM AL 35205 TITLE Delete TITLE ☐ Change ☐ Addition NAME MILLER, JANE NAME STREET ADDRESS 3220 AVALON BOULEVARD STREET ADDRESS City-St-7th CITY-ST-ZIP MILTON FL 32583 TITLE ☐ Delete ☐ Change 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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 filling 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 expowered 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.

CER OR DIRECTOR

Daytime Phone #