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 REICHEL, CATHERINE Street Address (P.O. Box Number is Not Acceptable) 1721 GEORGIA AVE PALM HARBOR FL 34683 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 (NOTE: Registered Agent signature required when reinstating) C+ Cut- 9. This corporation is aligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution. П Make Check Payable to Department of State Added to Fees 11. **経済ないないといいのFFICERS AND DIRECTORS** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. $\mathsf{DC}(\delta, \mathbb{R}^n)$ by $\delta(\delta, \mathbb{R}^n)$ ☐ Delete ☐ Addition REICHEL, RICHARD R. NAME NAME STREET ADDRESS 1721 GEORGIA AVE. STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP DP -TITLE ☐ Delete TITLE ☐ Change ☐ Addition REICHEL, CATHERINE T. NAME NAME STREET ADDRESS 1721 GEORGIA AVE. STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition REICHEL, RAULTON R. NAME NAME 1721 GEORGIA AVE. STREET ADDRESS STREET ADDRESS PALM HARBOR FL. CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SWIFT, STEVE LEE NAME 106 20TH STREET STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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NAME

TITLE

SIGNATURE:

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

BELLEAIR BEACH FL

KARAVATOS, WILLIAM

REICHEL, ROUCHEL

1721 GEORGIA AVE

PALM HARBOR FL 34683

Dunedin FL

1722 HICKORY GATE DRIVE NORTH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

R. REICHEL

4/21/62

727-643-7486

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (9/01)

Daytime Phone #