2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # V02070 Feb 13, 2004 08:00 AM 1. Entity Name Secretary of State J.G. ROMACK & SONS, INC. Principal Place of Business Mailing Address 2455 PRETTY BAYOU CIR PANAMA CITY FL 32405 2455 PRETTY BAYOU CIR PANAMA CITY FL 32405 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3170986 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 ROMACK, JOSEPH C. Street Address (P.O. Box Number is Not Acceptable) 2455 PRETTY BAYOU CIR PANAMA CITY FL 32405 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete MILE ☐ Change ☐ Addition U000000049736 ROMACK, JOSEPH C NAME NAME UZ/13/04-80035-009 150.00 2455 PRETTY BAYOU CIR STREET ADDRESS STREET ADDRESS CITY - ST-ZIP PANAMA CITY FL CITY-ST-ZIP ☐ Delete THILE Change Addition TITLE NAME ROMACK, BRADLEY L 430 WAHOO STREET ADDRESS STREET ADDRESS CITY ST-ZIP PANAMA CITY FL CITY - ST - ZIP Addition Change TITLE Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP MLE ☐ Delete TITLE Change 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if

FILED