2000 UNIFORM BUSINESS REPORT (UBR)

Feb 29, 2000 8:00 am DOCUMENT # **V48041** Secretary of State BALDWIN AGENCY, INC. 02-29-2000 90137 003 ***150.00 Principal Place of Business Mailing Address 304 MAGNOLIA AVE P.O. BOX 1969 PANAMA CITY FL 32402-1969 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3124571 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BALDWIN, ROLAND F Street Address (P.O. Box Number is Not Acceptable) 304 MAGNOLIA AVE STE 7 PANAMA CITY FL 32401 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PTD Change ☐ Addition ☐ Delete TITLE NAME NAME BALDWIN, ROLAND F. STREET ADDRESS STREET ADDRESS 113 WINDWARD COURT CITY-ST-7IP CITY-ST-ZIP PANAMA CITY BEACH FL Addition Change TITLE □ Delete TITLE NAME BALDWIN, DAPHNE M. NAME STREET ADDRESS 113 WINDWARD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL TITLE Change Addition ☐ Delete TITLE BALDWIN, DAVID F. NAME NAME STREET ADDRESS 113 WINDWARD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME

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 distee 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

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FOLAND FBALDWIN DZ15.00