FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 20 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # V58045 (8) LOCKE SHADE TREE'S INC. Principal Place of Business Mailing Address C/O CHARLIE S. LOCKE C/O CHARLIE S. LOCKE 7323 HIGHWAY 85 NORTH 7323 HIGHWAY B5 NORTH DO NOT WRITE IN THIS SPACE LAUREL HILL FL 32567 LAUREL HILL FL 32567 3. Date Incorporated or Qualified 08/14/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0392054 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 2ip Country Zip Country 8. This corporation owes or has paid the current year Intangible □ No 30 Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LOCKE, CHARLIE S 7323 HIGHWAY 85 NORTH 82 Street Address (P.O. Box Number is Not Acceptable) LAUREL HILL FL 32567 83 84 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE LOCKE, CHARLIE S CR2E034 NAME 1.2 NAME 7323 HIGHWAY 85 NORTH STREET ADDRESS 1.3 STREET ADDRESS LAUREL HILL FL 32587 1.4 CITY-ST-ZIP CITY-ST-ZIP VPTD DELETE Change ☐ Addition 2.1 TITLE TITLE LOCKE, OLIVE C NAME 22 NAME 10 STILL POND DRIVE 2.3 STREET ADDRESS STREET ADDRESS **NEW FREEDOM PA 17349** CITY - ST - ZIP 2.4 CITY - ST - ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CiTY-\$T-2IP CITY-ST-ZIP Addition DELETE 4.1 TITLE Change TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change ■ Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

MARCH 16,1998

14. 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 annual report or supplemental annual 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

CITY - ST - ZIP

SIGNATURE

Block 12 or Block 13 if changed, or on an attachment with an address.

FILED