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2002 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Feb 19, 2002 8:00 am DOCUMENT # P98000039067 **Secretary of State** 1. Entity Name 02-19-2002 90078 045 ***150.00 1-10 PECAN HOUSE, INC. Principal Place of Business Mailing Address RT. 1 BOX 91-A RTE. 1. BOX 159 A0028856 MONTICELLO FL 32344 MONTICELLO FL 32344 2. Principal Place of Business 3. Mailing Address 3233 South Salt 8950 E Washington St Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3518637 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 NOBLES, OLAN Q Street Address (P.O. Box Number is Not Acceptable) RTE. 1, BOX 159 8950 E Washington St MONTICELLO FL 32344 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) K Change Addition TITLE ☐ Delete TITLE NAME NAME NOBLES, OLAN Q STREET ADDRESS RTE. 1, BOX 159 STREET ADDRESS 8950 E Washington St CITY-ST-ZIP **MONTICELLO FL 32344** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE **VPD** NAME NAME Walker, erma jean STREET ADDRESS STREET ADDRESS RTE. 3, BOX 134 CITY-ST-ZIP CITY-ST-ZIP MONTICELLO FL 32344 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME NOBLES, CYNTHIA M STREET ADDRESS STREET ADDRESS 8950 E Washington St RTE. 1, BOX 159 CITY-ST-7IP CITY-ST-ZIP MONTICELLO FL 32344 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if