2000 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2000 8:00 am Secretary of State DOCUMENT # P99000055522 DAVIS-MORETTE PROPERTIES, INC. 04-17-2000 90136 037 ***150.00 Principal Place of Business Mailing Address 1201 N. TARRAGONA ST 1201 N. TARRAGONA ST PENSACOLA FL 32501-2658 PENSACOLA FL 32501 637864 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State <u> 59 - 359 6904</u> Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORETTE, RICHARD P Street Address (P.O. Box Number is Not Acceptable) 1201 N. TARRAGONA ST PENSACOLA FL 32501 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE MORETTE, RICHARD P ichard, P. Morette NAME NAME Touragoue St. 1201 N. TARRAGONA ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE MOORE, DONALD W' NAME NAME STREET ADDRESS 1201 N. TARRAGONA ST STREET ADDRESS CITY-ST-7IP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE BRADLEY, JAMES W NAME NAME STREET ADDRESS 1201 N. TARRAGONA ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7/P

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

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR