## 3/3

**SIGNATURE:** 

| 2002 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # 711216  1. Entity Name  |   |  |                                   |   | FILED May 21, 2002 8:00 am Secretary of State 03-31-2002 90362 028 ****61.25 |   |  |   |
|--|---|--|-----------------------------------|---|--|---|--|---|
| DESTIN   | CHAMBER OF COMMERCE   | , INC.   |                                   |   |  | 03 31 2002 3  | 0302 020   | 01.23   |
| Principal Place of Business Mailing Address  |   |  |                                   |   | 1  |   |  |   |
| 4484 LEGENDARY WAY<br>DESTIN FL 32541  |   | PO BOX 8<br>DESTIN FL 32540  |                                   |   |  |   |  | *   |
| 2. Principal Place of Business   |   | 3. Mailing Address   |                                   |   | DO NOT WRITE IN THIS SPACE .   |   |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |                                   |   |  |   |  |   |
| City & State   |   | City & State   |                                   |   | 4. FEI Number S9-1145150 Applied For Not Applicable                          |   |  |   |
| Zip  | lip Country Zip   |  | Country                           |   | 5. Certificate of Status Desired See Required \$8.75 Additional Fee Required |   |  |   |
|  | 6. Name and Address of Curren   | it Registered Agent  | -                                 | Name  | 7. Name and Add  | iress of New Registe  | red Agent  |   |
|  |   |  |                                   |   | P O Boy Number is  | Not Acceptable  | <u> </u>   |   |
| RAYMOND C. NAVITSKY<br>1021 HWY. 98, EAST  |   |  | -                                 | Street Address (P.O. Box Number is Not Acceptable)  |  |   |  |   |
| P.O. BOX 8   |   |  |                                   |   |  |   |  |   |
| DESTIN FL 32540  |   |  |                                   | City FL Zip Code  |  |   | de   |   |
| Signature, typed or printed name of registered agent and site if applicable.  (NOTE  FILE NOW: FEE IS \$61.25  9. Election Can  Trust Fund C |   |  | ımpaign Fir                       |   | \$5.00 May Be<br>Added to Fees   | Make Check Payable to Department of State                                 |  |   |
| 10.  | OFFICERS AND E  |  | 11.                               |   | ADDITIONS/CHANG  | ES TO OFFICERS AN   |  |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>  CLARK, GUY<br>  4484 LEGENDARY WAY<br>  DESTIN FL 32541  | <b>☑</b> Delete  | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS<br>ST-ZIP   |  |   | ☐ Change   | OHZEO37 (9/01)                                |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | VD<br>CONERLY, LAMAC<br>4484 LEGENDARY WAY<br>DESTIN FL 32541   | Delete   | TITLE<br>NAME<br>STREET<br>CITY-S | ADDRESS LILLY   | ERLY, LA<br>RY LEGEN<br>STIN, FL<br>S. ELECT                                 | MAR<br>ORY WAY  | Change $\mathcal{D}$   | Addition 5                                    |
| TITLE  | STD   | Delete   | TITLE                             | PRE   | S. ELECT   | 700041  | ☐ Change   | Addition                                      |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | FULMER, TIM<br>1021 HWY 98 E  |  | STREET<br>CITY-S                  | ADDRESS 448   | INNIK-DON  | '-/-C-Y   | $\overline{D}$   |   |
| TITLE  | DESTIN FL -   | D2 Delets  | TITLE                             | VP  | TIN, FL  | 30.041  | ☐ Change   | Addition                                      |
| NAME ·   | SCOTT, BRAD   |  | NAME                              | JOH   |  | ALL DA  |  |   |
| STREET ADDRESS<br>City-St-Zip  | 1021 HWY, 98, E.<br>  Destin fl   |  | STREET<br>CITY-S                  | ADDRESS 448   | 4 LEGER<br>STIN, TL  | 32 57/1   | •  | ĺ   |
| TITLE  | M   | ☐ Delete   | TITLE                             | Dies  | 54110)110  | 20041   | ☐ Change   | Addition                                      |
| NAME<br>STREET ADDRESS   | NAVITSKY, RAYMOND<br>1021 HWY. 98, E.   |  | name<br>Street<br>City-S          | ADDRESS .   |  |   |  |   |
| CTTY-ST-ZIP<br>TITLE   | DESTIN FL<br>  VD   | <b>□</b> √elete  | TITLE                             | 1 41  |  |   | ☐ Change   | Addition                                      |
| NAME   | DAVID, DON  | Lar. Delete  | NAME                              |   |  |   | Olicingo   |   |
| STREET ADDRESS<br>City-St-Zip  | 4484 LEGENDARY WAY<br>DESTIN FL 32541   |  | STREET<br>CITY-S                  | ADDRESS  <br>T-ZIP  |  |   |  |   |
| 12. I hereby o   | certify that the information supplied will<br>on this report or supplemental report<br>poration or the receiver or trustee error,<br>or on an attachment with an address. | th this filing does not qualify for<br>is true and accurate and that re-<br>nowered to execute this report<br>with all other like empowered. | ny signatur<br>as requirer        | ption stated in Secret shall have the state of the state | ame legal effect as i<br>. Florida Statules: an                              | rida Statutes. I further<br>i made under oath; th<br>d that my name appea | r certify that the<br>at I am an office<br>ars in Block 10 c | information<br>r or director<br>v Block 11 if |

Date