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Apr 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732246** **(4)**

1. Corporation Name

SANTA ROSE COUNTY CHAMBER OF COMMERCE, INC.

Principal Place of Business	Mailing Address
5247 STEWART ST MILTON FL 32570-4737 US	5247 STEWART ST MILTON FL 32570-4737 US

3. Date Incorporated or Qualified: **03/24/1975**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: **59-0730134** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BURDEN, JERRY E.
4609 HEATHERWOOD WAY
PACE FL 32571

10. Name and Address of New Registered Agent

81 Name: BEDICS, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable): 5988 HIGHWAY 90
83:
84 City: MILTON **FL** 85 Zip Code: 32583

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Richard A Bedics — 4/9/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DV	☒ DELETE	1.1 TITLE	DV	☐ Change ☒ Addition
NAME	HUNTER, FRED		1.2 NAME	ROGERS, RAYMOND	
STREET ADDRESS	NICHOLS LAKE ROAD		1.3 STREET ADDRESS	603 CANAL ST.	
CITY-ST-ZIP	MILTON FL		1.4 CITY-ST-ZIP	MILTON, FL 32570	
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DARBY, RENATE		2.2 NAME		
STREET ADDRESS	1450 BERRYHILL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BUCKMAN, SAM		3.2 NAME		
STREET ADDRESS	5356 JEREMY DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		3.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURDEN, JERRY E.		4.2 NAME		
STREET ADDRESS	4609 HEATHERWOOD WAY		4.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARTIN, MARTY		5.2 NAME		
STREET ADDRESS	6301 WARBLER LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL		5.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	6.1 TITLE	DP	☒ Change ☐ Addition
NAME	BEDICS, RICHARD		6.2 NAME	BEDICS, RICHARD	
STREET ADDRESS	5988 HIGHWAY 90		6.3 STREET ADDRESS	5988 HIGHWAY 90	
CITY-ST-ZIP	MILTON FL		6.4 CITY-ST-ZIP	MILTON FL 32583	

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard A Bedics — 4-9-97 — (904)484-4436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074463