FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 22-968-6516 DOCUMENT # Corporation Name GRAYTON BEACH CORPORATION Principal Place of Business Mailing Address 200 BANFILL RD 200 BANFILL RD SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 3. Date Incorporated or Qualified 3a. Date of Last Report 05/30/1973 06/09/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-1490569 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 M 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζφ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TOOLE, HELEN JANICE 82 Street Address (P.O. Box Number is Not Acceptable) **57 GARFIELD ST** SANTA ROSA BEACH FL 32459 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1509. Floride Statutes, the above named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. Signature, typed or printed name of registered agent and the if applicable (NOTE: Pagistered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE ☐ Change Addition NAME BUTLER, VAN NESS R., JR. 1.2 NAME 200 BANFILL RD STREET ADDRESS 1.3 STREET ADDRESS SANTA ROSA BEAHC FL CITY-S1-7/P 1.4 CITY-ST-Z/P STD DELETE 2.11(I) £ Change Addition NAME TOOLE, HELEN JANICE 2.2 NAME STREET ADDRESS **57 GARFIELD ST** 2.3 STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEAHC FL 24 C/TY-ST-ZIP TITLE DELETE 3 1 Tille Change Add tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - S1 - ZIP TITLE DELETE 4. 1 THLE Addition [] Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-2IP TITLE [] DELETE 5 1 1116 [] Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZIP THIE DELFTE 6. 1 TITLE [] Change ncitibbA [NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-S1-7/P 6.4 CITY-S1-7iP 14. To hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DISCORD PLOS. 5/16/96 904-231-4653