FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Day d



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

| | 1996 | DIVISION OF | CORPORATIONS | | |
|---|--|---------------------------------------|---|--|---------------------------------------|
| DOCUN 1, Gorporation | | 39 (9) | | | |
| | NSIDE HOLDING CO., INC | C. | | | |
| | | | | | |
| Principal Place i | of Business | Maing Address | | | |
| , | | 740 EAU GALLIE BL | WD. | | |
| INDIAN HARBOR BCH. FL 32937 INDIAN HARBOR | | | | | |
| | | | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 80 11 111 12 | | | | 12/09/1975 | 07/28/1995 |
| -2. Principal Pla∉ 21 | de of Business | 2a. Mailing Address | | 4. FEI Number 59-1717641 | Applied For Not Applicable |
| Suite, Apt # | , otc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional |
| 22 Catalia State | | 27 C# 1 % Chats | | | Fee Hequired |
| Orty & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | S5.00 May Be Added to Fees |
| Zip | Country | Ζιρ | Country | 8. This corporation has liability for i | intangible tax under s. 199.032, |
| 24 | 25 9. Name and Address of Curre | 29 | 30 | Florida Statutes Yes 10. Name and Address of New R | □No |
| | g, Name and Address of Carre | in neglatered Agent | 81 Name | 10. Name and Address of New H | egistereo Agent |
| FRITSM | A, DAVID A. | | 82 Street Addr | ess (P.O. Barriumber is Not Acceptab | le) |
| | RASSMERE | | <u> </u> | D Front St | |
| MELBO | URNE FL 32904 | | 83 Un | 706 | |
| | | | 84 City | Malhausan | FL 85 32661 |
| 11. Pursuant to | the provisions of Sections 607.050 | 02 and 607.1508, Florida Statut | es, the above named corpor | ration submits this statement for the pur rd of directors. I hereby accept the appo | |
| familiar with | n, and accept the obligations of, Sec | ction 607.0505, Florida Statutes | sed by the corporation's boar 6. | rd or directors, i hereby accept the appr | ontrient as registered agent. I am |
| SIGNATURE : | ignature, typed or printed han elof registera Lage | ort and title if applicable (No | DTE: Registered Agent signature require | d when reinstalinol | DATE |
| 12. | OFFICERS AF | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFF | |
| THE.F NAME | PD Fritsma, david a. | ☐ DELETE | 1. 1 TITLE 1.2 NAME | | Change Addition |
| STREET ADORESS | 2260 FRONT ST UNIT 204 | • | 1.3 STREET ADDRESS | | |
| CITY ST-ZIP | MELBOURNE FL | | 1.4 CITY - ST- ZIP | | |
| TIT. F | VTD | ☐ DELETE | 2 1 TITLE | | Change Addition |
| NAME STEEF LADURESS | Fritsma, donald J. 2525 Carmel Rd. | | 2.2 NAME 2.3 STREET ADDRESS | | |
| City SE ZIP | INDIALANTIC FL | | 2 4 CITY - ST - ZIP | | |
| TAT. F | | DELETE | 3 1 TITLE | | Change Addition |
| NAME SEREET ADORESS | | | 3.2 NAME 3.3 STREET ADDRESS | | |
| COLY - ST. ZIP | | | 3.4 CITY - ST - ZIP | | |
| 111.1 | | DEFELE | 4. 1 TITLE | | Change Addition |
| NAME Common Atlantica | | | 4.2 NAME | | |
| STREET ADORESS CITY: ST-ZIP | | | 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP | | |
| TILLE | | DELETE | 5. 1 TiTLE | , | Change Addition |
| NAME | | | 5 2 NAME | | |
| STEEF LADORESS City St ZIP | | | 5.3 STREET ADDRESS | | |
| LITTE TO THE | | DELETE | 5.4 CITY - ST - ZIP 6 1 TITLE | | Change Addition |
| NAME | | | 62 NAME | | - |
| STREET ADORESS | | | 6 3 STREET ADDRESS | | |
| 14. I do hereby | certify that the information supplied | d with this filing is voluntarily fun | 6.4 City-\$t-ziP hished and does not qualify for | or the exemption stated in Section 119. | 07(3)(k), Florida Statutes. I further |
| certify that | the information indicated on this anr | nual report or supplemental ann | nual report is true and accura | ate and that my signature shall have the is report as required by Chapter 607, Flo | same legal effect as if made under |

1/19/96 407 773.3337