Secretary of State

FILED

ļ	1999	DIVISION OF CO	ORPORATIONS	99 JAN -8 AM 10:51
DOCU	MENT # 532224		¥.	
1. Corporatio	n Name			SECRETARY OF STATE TALLAHASSEE, FLORIDA
SURF A	nd sand inc.		•	IALLAHASSEE, FLORIDA
) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		 		
Principal Plac		Mailing Address	*	· · · · · · · · · · · · · · · · · · ·
14601 GULF BU MADEIRA BEAC		14601 GULF BLVD. MADEIRA BEACH FL 33708	7.2	
Ì				DO NOT WRITE IN THIS SPACE
}				3. Date Incorporated or Qualifed 04/25/1977
2 Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		59-1738986 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		\$2.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & Stat	e	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
24	25		90[Personal Property Tax.
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
RICHARD A. GOULET				ICTOR RAY CUIBERSON
14601 GULP BLVD.				ddress (P.O. Box Number is Not Acceptable)
MAD	EIRA BEACH EL 33708		83 1	1
/	~		84 City	ADRIRA BOH FL 85 ZIP Code 8
11. Plesuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-flamed 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 607,0505, Florida Statutes.				
SIGNATURE Wester Ray Culleyson V. CTOR RAY Cas BUIL (8N Secretary 1/5/79				
ļ	signature, typed or printed name of redistered agent	and title if applicable. (NOTE: R	legistered Agent signature rec	gulred when reinstating) DAYE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PROSIDENTION RECTOR Change Addition
NAME	RICHARD A. GOULET			NIII IAM WOBER
STREET ADDRESS	11316 61ST AVE. NORTH		1.3 STREET ADDRESS	1181 HIDDEN ACRES WAY
CITY-ST-ZIP	SEMINOLE FL		1.4 CITY-ST-ZIP	Sellinocko FL 33772
TITLE	VP	DELETE	2.1 TITLE	SECRETARY TREASURE Addition
NAME	RICHARD S. TINKHAM	_ · ′	22 NAME	METOR RAY CULBERS W
STREET ADDRESS	11316 61ST AVE. NORTH		2.3 STREET ADDRESS	VICTOR RAY CULTERS WAY
CITY-ST-ZIP	SEMINOLÉ FL	DELETE	2.4 CITY-ST-ZIP	Sewinole FL 33777 Thange Addition
TITLE NAME		□ DETE ! E	3.1 TITLE 3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4, CITY-ST-ZIP	,
πιε		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4, 2 NAME .	9000000
STREET ADDRESS			4.3 STREET ADDRESS	9000027472399 -01/20/3901016020
CTY-ST-ZIP		7. DELETE	4.4 CITY-ST-ZIP	****158-(5 PREMED 38TAHaiton
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME	**************************************
NAME			5.3 STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			5.4 City-ST-ZiP	
TITLE	· · · · · · · · · · · · · · · · · · ·	DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	B. 1/8/99 AR
CITY-ST-ZIP			6.4 CITY-ST-ZIP	12) 10 174 186

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Floridas 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

THE NAME OF SIGNING OFFICER OF DIRECTOR DIRECTOR