SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995
AMOUNT DUE ON OR BEFORE 5/5/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:34

DOCUMENT # **533569** **(0)**

1. Corporation Name
MR. CHRISTAIN'S, INC.

Principal Place of Business
P.O. BOX 2309
PENSACOLA FL 32513

Mailing Address
P.O. BOX 2309
PENSACOLA FL 32513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/11/1977
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite Apt # etc — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: 59-1738443 — 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
MASIARCZYK, FRANK, SR.
3281 BAYOU BLVD
PENSACOLA FL 32503

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: (Signature of a Director or Officer if Registered Agent is the Corporation) (Signature of Registered Agent if Registered Agent is a Person) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 Title	PD	1 Title	☐ Change ☐ Addition
02 Name	MASIARCZYK, FRANK, SR.	2 Name	
03 Street Address	3281 BAYOU BLVD	3 Street Address	
04 City, St, Zip	PENSACOLA FL	4 City, St, Zip	
05 Title	ST	5 Title	☐ Change ☐ Addition
06 Name	MASIARCZYK, LINDA M	6 Name	
07 Street Address	% 3281 BAYOU BLVD.	7 Street Address	
08 City, St, Zip	PENSACOLA FL 32503	8 City, St, Zip	
09 Title		9 Title	☐ Change ☐ Addition
10 Name		10 Name	
11 Street Address		11 Street Address	
12 City, St, Zip		12 City, St, Zip	
13 Title		13 Title	☐ Change ☐ Addition
14 Name		14 Name	
15 Street Address		15 Street Address	
16 City, St, Zip		16 City, St, Zip	
17 Title		17 Title	☐ Change ☐ Addition
18 Name		18 Name	
19 Street Address		19 Street Address	
20 City, St, Zip		20 City, St, Zip	
21 Title		21 Title	☐ Change ☐ Addition
22 Name		22 Name	
23 Street Address		23 Street Address	
24 City, St, Zip		24 City, St, Zip	

14. I (We) 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)(i), Florida Statutes. I (We) 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 trustee or trustee appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: (SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR TRUSTEE) 6/26/95 (Date)

CR2E034 (3/95)

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