2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Mar 06, 2002 8:00 am Secretary of State 547528 DOCUMENT # 1. Entity Name JOHN P. CONDON, CORPORATION 03-06-2002 90040 007 ***150.00 Mailing Address Principal Place of Business BEACHFRONT CONDO 530 OCEAN DR APT 305, 530 OCEAN DR JUNO BCH FL 33408 JUNO BEACH FL 33408 3. Mailing Address 194 TunTie Creek Drive 2. Principal Place of Business 194 Thathe Creek Vaire DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-1891223 jequesTa Not Applicable Teguesta Country \$8.75 Additional 5. Certificate of Status Desired MARTIN MARTIN 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CONDON, JOHN P JR 194 TurThe Creek Dairs Street Address (P.O. Box Number is Not Acceptable) 530 OCEAN DR JUNO BEACH FL 33408 Teques To Fl. 83469 Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. John P. Condon Te Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE Condon TK, John P CONDON JR, JOHN P. NAME 194 TURTLE CEOCK DRIVE 530 OCEAN DR., #305 STREET ADDRESS STREET ADDRESS TequesTA, Fl. 33469 JUNO BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP Deondow, Paten J. TITLE ☐ Delete TITLE CONDON, PETER J. NAME NAME 10263 GRADY Blvd. N. # 1915 STREET ADDRESS 5675 KIWANIS PL. NE. STREET ADDRESS SAINT Petersburg FI 3370Z CITY-ST-ZIP SAINT PETERSBURG FL 33702 CITY-ST-ZIP - F Change ☐ Addition TITLE Delete TITLE CONDON CHRISTING IL 3355 Claire LANE # 1011 Truck SON VILLE F1. 32223 NAME CONDON, CHRISTINE A NAME STREET ADDRESS STREET ADDRESS 1715 HODGES BLVD., #602 CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE CONDON, ChrisTo M. CONDON, CHRISTA M NAME NAME 194 Turtle Creek Drive 530 OCEAN DR., #305 STREET ADDRESS STREET ADDRESS JUNO BEACH FL 33408 TeguesTa, F1. 33469 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 emperered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED