2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2001 8:00 am Secretary of State DOCUMENT # 568406 PLAYGROUND SHELL SERVICE, INC. 05-01-2001 90098 011 ***150.00 Principal Place of Business Mailing Address 12 HOLLYWOOD BLVD. SW 12 HOLLYWOOD BLVD, SW FORT WALTON BEACH FL 32548 FORT WALTON BEACH FL 32548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, atc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied Fo 59-1827742 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VAN DYKE, GEORGE R., JR Street Address (P.O. Box Number is Not Acceptable) 201 ELLIOT ROAD 195 CORAL DRIVE SW MARY ESTHER FL 32569 City Zin Code 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 Signature, typed or printed name of registered agent and title "applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE Change Addition VAN DYKE, GOERGE R., JR. NAME NAME 201 ELLIOTT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL CITY-ST-ZIP ☐ Delete T.TET, DIE Change Addition VANDYKE, ANNE J. NAME NAME 283 BRIARWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY S1-ZIP FT. WALTON BCH. FL CITY-ST-ZIP ☐ Delete DOME Change ☐ Addition VANDYKE, BOBBIE J. NAME NAME 201 ELLIOTT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARY ESTHER FL CITY-SI Z'P TITLE ☐ Delete TITLE Change Addition VANDYKE, WILLIAM D. NAME NAME 283 BRIARWOOD CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP FT. WALTON BCH. FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z:P CITY - ST- ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST ZIP

13. Thereby certify that the information supplied with this filing 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 eath; that I am an efficiency 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 Slock 11 or Block 12 if ment with an address, with all other like empowered

4-25-0) 850-243-57