

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

CORPORATION,
ARTICLE OF INCORPORATION

1995



APPROVED
AND
FILED

50 MAY -1 PM 10:13

DOCUMENT # 596275

(8)

D.H.S. & W. DEVELOPERS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

% DALE WERHAN
424 MAN-O-WAR CIR
CANTONMENT FL 32533
US

% JAMES R HOLLOWAY
9075 COVE AVE
PENSACOLA FL 32534
US

3. Date of Incorporation 12/05/1978 3a. Date of Amendment 05/01/1994

4. Filing Number 59-1866499 5. Filing Fee \$8.75 Additional Fee Required

6. This Amendment is being filed for the purpose of changing the name of the corporation. Yes ☐ No ☒ \$5.00 May Be Added to Fees

7. This Amendment is being filed for the purpose of changing the name of the corporation. Yes ☐ No ☒ \$5.00 May Be Added to Fees

8. This Amendment is being filed for the purpose of changing the name of the corporation. Yes ☐ No ☒ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent

DAVIS, ROBERT E
3776 MACKAY COVE DR.
PENSACOLA FL 32514

81. Name
82. Street Address (If Box Number, Not Applicable)
83.
84. City
85. State FL

11. I, the undersigned, being a resident qualified person, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the foregoing information is true and correct. I declare under penalty of perjury that the foregoing is true and correct. Executed on May 1, 1995 at Tallahassee, Florida.

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION																																																						
<table><tr><td>NAME</td><td>P WERHAN, DALE</td></tr><tr><td>ADDRESS</td><td>MAN O' WAR CIRCLE</td></tr><tr><td>CITY</td><td>CANTONMENT FL</td></tr><tr><td>STATE</td><td>V</td></tr><tr><td>NAME</td><td>HOLLOWAY, JAMES M.</td></tr><tr><td>ADDRESS</td><td>2232 TATE ROAD</td></tr><tr><td>CITY</td><td>CANTONMENT FL</td></tr><tr><td>STATE</td><td>ST</td></tr><tr><td>NAME</td><td>HOLLOWAY, JAMES R.</td></tr><tr><td>ADDRESS</td><td>ROUTE 9, BOX 990</td></tr><tr><td>CITY</td><td>PENSACOLA FL</td></tr></table>	NAME	P WERHAN, DALE	ADDRESS	MAN O' WAR CIRCLE	CITY	CANTONMENT FL	STATE	V	NAME	HOLLOWAY, JAMES M.	ADDRESS	2232 TATE ROAD	CITY	CANTONMENT FL	STATE	ST	NAME	HOLLOWAY, JAMES R.	ADDRESS	ROUTE 9, BOX 990	CITY	PENSACOLA FL	<table><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>STATE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>STATE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>STATE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>ADDRESS</td><td></td></tr><tr><td>CITY</td><td></td></tr><tr><td>STATE</td><td></td></tr></table>	NAME		ADDRESS		CITY		STATE		NAME		ADDRESS		CITY		STATE		NAME		ADDRESS		CITY		STATE		NAME		ADDRESS		CITY		STATE	
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14. I, the undersigned, certify that the information requested in this filing is true and correct, and that the undersigned is a resident qualified person, and that the undersigned is a resident qualified person, and that the undersigned is a resident qualified person.

SIGNATURE: James R Holloway Sec/Treas
4/28/95 904-476-4492