2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 am Secretary of State **DOCUMENT # 642372** 1. Entity Name HILTON DEVELOPMENT COMPANY 03-07-2000 90082 001 ***150.00 Principal Place of Business Mailing Address 4116 U.S. HIGHWAY 231 4116 U.S. HIGHWAY 231 % L. CHARLES HILTON. JR. % L. CHARLES HILTON. JR. PANAMA CITY FL 32404-9235 PANAMA CITY FL 32404-9235 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1941867 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILTON, L. CHARLES, JR. Street Address (P.O. Box Number is Not Acceptable) 4116 U.S. HIGHWAY 231 PANAMA CITY FL 32401 Zip Code FI 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 Signature, typed or printed name of registered agent and title if 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition TITLE ☐ Delete TITLE HILTON, L. CHARLES ,JR. NAME STREET ADDRESS STREET ADDRESS 4116 U.S. HIGHWAY 231 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Change TITLE Delete TITLE CASSIDAY, ROY L. NAME NAME STREET ADDRESS STREET ADDRESS 4116 U.S. HIGHWAY 231 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL ☐ Addition TITLE ST. TITLE NAME **HUMBLE, NICK** NAME STREET ADDRESS STREET ADDRESS 4116 U.S. HIGHWAY 231 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby 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 oath; that I am an officer or director of the corporation or the receiver or trusted expowered 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR