FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT : 1995

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

APPROVED AND FILED

95 MAY -1 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 701289 (1)

1. Corporation Name

THE FUN LOVERS, INC.

Principal Place of Business	Mailing Address
413 S. D STREET BENJAMIN E. SIMS PENSACOLA FL 32501	413 S. D STREET BENJAMIN E. SIMS PENSACOLA FL 32501

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/10/1960
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1801792 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

SIMS,BENJAMIN E
413 SOUTH D STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name: Lewis, Martin DePorres
82 Street Address (P.O. Box Number is Not Acceptable): 413 South D Street
83 Pensacola, Fla.
84 City: FL 85 Zip Code: 32501

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: Martin Lewis — April 18, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☐ Change ☒ Addition
NAME	POE, DONALD	1.2 NAME	Sims, Viola	
STREET ADDRESS	413 S D ST	1.3 STREET ADDRESS	413 S D St.	
CITY-ST-ZIP	PENSACOLA, FL 00000	1.4 CITY-ST-ZIP	Pensacola, Fla. 32501	
TITLE	VD	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	LEWIS, MARTIN	2.2 NAME	Brooks, Raymond	
STREET ADDRESS	413 S D ST	2.3 STREET ADDRESS	413 S D St.	
CITY-ST-ZIP	PENSACOLA, FL 00000	2.4 CITY-ST-ZIP	Pensacola, Fla.	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	POE, ROMONA	3.2 NAME		
STREET ADDRESS	413 S D ST	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	BARRIOS, BETTY	4.2 NAME		
STREET ADDRESS	413 S "D" STREET	4.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 00000	4.4 CITY-ST-ZIP		
TITLE	P	5.1 TITLE	P	☒ Change ☐ Addition
NAME	SIMS, BENJAMIN	5.2 NAME	Lewis, Martin	
STREET ADDRESS	413 S "D" STREET	5.3 STREET ADDRESS	413 S. D. St.	
CITY-ST-ZIP	PENSACOLA, FL 00000	5.4 CITY-ST-ZIP	Pensaco,a Fla. 32501	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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DP 5/1/95

14. I do 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 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Betty Barrios Betty Barrios, Secretary 4/28/95 904-4387463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070784