

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 722636

1. Corporation Name

FISHERS OF MEN, INC.

| Principal Place of Business |
|---------------------------------|
| 307 HWY 98 E DESTIN FL 32541 |
| US |

21

2. Principal Place of Business

Mailing Address

P.O. BOX 338 DESTIN FL 32540

2a. Mailing Address

Suite, Apt. #, etc.

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FILED Apr 02, 1999 8:00 am § Secretary of State

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3. Date incorporated or Qualifed

02/09/1972

4. FEI Number

| 2 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 4. FEI Number . Applied For . Not Applicable | | |
|--|--|---------------------|-------|---|--|--|
| 3 | City & State | City & State | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| <u>-</u> | Zip Country | Zip Cou 29 30 | intry | 9 6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees | | |
| <u> j</u> | 9. Name and Address of Current R | | | 10. Name and Address of New Registered Agent | | |
| | ! | | 81 | Name Raymond F. Newman, Jr. | | |
| | NEWMAN, RAYMOND F. JR.; 150 EGLIN PKWY NE | • | 82 | Street Address (P.O. Box Number is Not Acceptable) 348 minacle Strip Ankway, SW | | |
| | FT WALTON BEACH FL 32548 | | 83 | Suite 7 | | |
| | ! | | 84 | City Ft. Walton Beach FL 85 Zip Code 32548 | | |
| 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE SIGNATURE NOTE: Desirted Agent significant and the company of the company of the composition of the purpose of changing its registered agent. I hereby accept the appointment as registered agent. I have a subject to the appointment as registered agent. I hereby accept the appointment as registered agent. I hereby accept the appointment as registered agent. I have a subject to the appointment as registered agent. I have a subject to the appointment as registered agent. I have a subject to the appointment agent agent agent. I have a subject to the appointment agent age | | | | | | |
| | Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE | | | | | |

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition Change DELETE 1.1 TITLE TITLE Baty Moore SANSOM, JERRY 1.2 NAME NAME 127 Colhouse Are 1534 OAKSHORE DR 1.3 STREET ADORESS STREET ADDRESS Dastin FL 32541 **GULF BREEZE FL 32561** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE TITLE 2.1 TITLE tem Taylor 235 Clham Are Dati FL 32541 WATERS, EDMOND 2.2 NAME NAME **6 TOMAHAWK COURT** 2.3 STREET ADDRESS STREET ADDRESS DESTIN FL 32540 CITY-ST-ZIP 2. 4 CITY-ST-ZIP ☐ Change Addition DELETE 3.1 TITLE TITLE Tom Wolders
Po Bac 6278 **BUSH, DAVID** NAME 3.2 NAME 4 CHICKAMAUGA' LN 3.3 STREET ADDRESS STREET ADDRESS Dostrin Fh 32540 DESTIN FL 32541 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE ATCHLEY, CAROL 4. 2 NAME Maulaal Thurston NAME POBER 942 **484 BAYSHORE DR** 4.3 STREET ADDRESS STREET ADDRESS Dostru FL 82540 DESTIN FL 32541 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■Addition 5.1 TITLE TITLE Ireus McWhot 5.2 NAME FRASER, KEN NAME 225 Vey hour 5.3 STREET ADDRESS 70 DRISCOLL DR STREET ADDRES 5.4 CITY-ST-ZIP Ponte Busa Bouch SANTA ROSA BEACH FL 32459 CITY-ST-ZIP 6.1 TITLE ☐ DELETE TITLE 6.2 NAME HESSE, MICHAEL NAME 6.3 STREET ADDRESS 504 MAIN ST STREET ADDRESS

14. 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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

DESTIN FL

850-837-6324

CR2E037 (11/98)

Applied For