FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State DOCUMENT # 758651 05-23-2002 90099 002 ****61.25 JOHN'S PASS SEAFOOD FESTIVAL, INC. Principal Place of Business Mailing Address 150 JOHNS PASS BOARDWALK X 150 JOHNS PASS BOARDWALK W 861999 MADEIRA BEACH FL 33708 MADEIRA BEACH FL 33708 US . 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2858359 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent --- 6. - Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) MCDOLE, KATHLEEN H 150 JOHNS PASS BOARDWALK X MADEIRA BEACH FL 33708 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition TITLE ☐ Delete TITLE MCDOLE, KATHLEEN H NAME NAME STREET ADDRESS 150 JOHNS PASS BOARDWALK W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 vPD ☐ Delete TITLE Change ☐ Addition TITLE BROADERICK, TODD NAME STREET ADDRESS 146 BOARDWALK PL E STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADEIRA BEACH FL 33708 Delete DTS TITLE Change Addition PATRICIA Hubbard LLOYD, JOANNE STREET ADDRESS 224 BOARDWALK PLACE EAST STREET ADDRESS 150 Johns Pass Boardwal CITY-ST-ZIP CITY-ST-ZIP Madeira Beach FL 33708 maderra Addition TITLE Delete TITLE lloyd, Joanne NAME NAME MarK STREET ADDRESS STREET ADDRESS 224 BOARDWALK PLACE E JOHNIS CITY-ST-ZIP CITY-ST-ZIP Madeira Beach FL 33708 TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: ______

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02

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