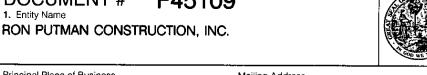
## FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90487 040 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## F45109 DOCUMENT #

1. Entity Name



Principal Place of Business Mailing Address 1233 HUNTINGTON RIDGE RD 1233 HUNTINGTON RIDGE RD LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

Zip



	☐ CHECK HERE IF MAKING C	CHANGES	
	4. FEI Number 59-2397344	Applied For	
		Not Applicable	
, · · · · · · · · · · · · · · · · · ·		3.75 Additional e Required	
	7. Name and Address of New Registered Ag	ent	
Name			
Street Address (F	P.O. Box Number is Not Acceptable)		
City	<b></b>	Zip Code	
01.)	FL	Zip Code	
office or registere	ed agent, or both, in the State of Florida. I am far	niliar with, and accept	

3.	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.	I am familiar with.	and accept
	the obligations of registered agent.	,	

Country ~

City

SIGNATURE

ŗ

Zip

HESS, GLENN L.

9108 W. HIGHWAY 98

PANAMA CITY BEACH FL 32407

FILE NOW!!! | FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition PUTMAN, JAMES R NAME NAME STREET ADDRESS 1233 HUINTINGTON RIDGE RD STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32411 CITY-ST-ZIP TITLE **VPS** Delete TITLE ☐ Change ☐ Addition PUTMAN, ANITA W NAME NAME STREET ADDRESS 1233 HUNTINGTON RIDGE RD STREET ADDRESS CITY-ST-ZIP\_ LYNN HAVEN FL-32444-------CITY-ST-ZIP\_ TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PUTMAN, KIMBERLY RENEE NAME STREET ADDRESS STREET ADDRESS 3016 LINDHOLM DR E. CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36693 TITLE D Delete TITLE Change Addition NAME PUTMAN, KELLY MICHELLE NAME STREET ADDRESS **5017 PELLEPORT AVE** STREET ADDRESS CITY-ST-7IP ORLANDO FL 32812-1124 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HOLLIDAY, JOE NAME STREET ADDRESS 1614 NEW HAMPSHIRE AVE STREET ADDRESS CITY-ST-ZIP LYNN HAVEN FL 32444 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

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 607, 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR