2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State **DOCUMENT # G24530** GIUSEPPI'S WHARF, INC. 04-24-2000 90045 014 ***150.00 Principal Place of Business Mailing Address 821 BAYSHORE DR. 821 BAYSHORE DR. NICEVILLE FL 32578 NICEVILLE FL 32578-2548 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-2308093 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUBH PARMER CORNWELL, ALAN A. Street Address (P.O. Box Number is Not Acceptable) 821 BAYSHORE DR. NICEVILLE FL 32578 NICEVILLE 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5,00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change TITLE Delete TITLE. NAME CORNWELL, ALAN A. HUGH K. PARMER TE NAME STREET ADDRESS STREET ADDRESS 1029 DRIFTING SAND TRAIL 821 BAYSHORE DR. CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL 32541 NICEVILLE FL ☐ Delete TITLE ☐ Change Addition TITLE NAME ROBERT G. HEFT III NAME STREET ADDRESS 2009 JESSICA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32566 Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of the receiver or trustee empowered 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 address, with all other like empowered.

SIGNATURE:

HINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR I

ROBERT G. HEFT III