FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G75445 (8)

1. Corporation Name
HIGH FIVE, INC.

Principal Place of Business	Mailing Address
% THOMAS M BRADY 6707 PENSACOLA BLVD. PENSACOLA FL 32505	% THOMAS M BRADY 6707 PENSACOLA BLVD. PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/20/1983
3a. Date of Last Report: 03/10/1994

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

4. FEI Number: 59-2355241 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

BRADY, THOMAS M.
601 S. PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ____ 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	VD	1 1 TITLE	☐ Change ☐ Addition
NAME	PROCTOR, LISTER HILL	1 2 NAME	00000148000
STREET ADDRESS	510 COUNTRY CLUB ROAD	1 3 STREET ADDRESS	-05/16/95--01007--022
CITY ST ZIP	SYLACAUGA AL	1 4 CITY ST ZIP	****200.00 ****200.00
TITLE	TD	2 1 TITLE	☐ Change ☐ Addition
NAME	VICKER, MICHAEL	2 2 NAME	
STREET ADDRESS	501 S. MARKET	2 3 STREET ADDRESS	
CITY ST ZIP	SCOTTSBORG AL	2 4 CITY ST ZIP	
TITLE	PD	3 1 TITLE	☒ Change ☐ Addition
NAME	SNYDER, EARL D.	3 2 NAME	
STREET ADDRESS	601 PORT ROYAL WAY	3 3 STREET ADDRESS	Rt. 2 Box 256B
CITY ST ZIP	PENSACOLA FL	3 4 CITY ST ZIP	Freeport, FL 32439
TITLE	SD	4 1 TITLE	☑ Change ☐ Addition
NAME	ROSENBAUM, GENE	4 2 NAME	
STREET ADDRESS	~~4740 VELASQUES~~ N/A	4 3 STREET ADDRESS	~~P.O. Bx 12388~~ 2909 N. PALAFOX
CITY ST ZIP	PENSACOLA FL	4 4 CITY ST ZIP	Pensacola, FL ~~32588~~ 32501
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	

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)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Signature and typed or printed name of signing officer or director — Date — Daytime Phone 904-438-3197

CP