2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **G86084** May 11, 2000 8:00 am 1. Entity Name Secretary of State INVESTORS REALTY SERVICES OF DESTIN, INC. 05-11-2000 90303 030 ***158.75 Principal Place of Business Mailing Address 623 HWY. 98 E 623 HWY. 98 E STE. 5 STE. 5 DESTIN FL 32541 **DESTIN FL 32541-2436** 655842 2. Principal Place of Business 3. Mailing Address AKEJIDEDN. LAKESIDE DK. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2374108 Not Applicable \$8.75 Additional aloos A 32541 5. Certificate of Status Desired -1605 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRAZIER, BEVERLY Street Address (P.O. Box Number is Not Acceptable) 805 NORTH LAKESIDE DR. DESTIN FL 32541 Zip Code 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 d when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PVS** ☐ Change ☐ Addition TITLE TITLE ☐ Delete FRAZIER, BEVERLY NAME NAME STREET ADDRESS 805 NORTH LAKESIDE DR. STREET ADDRESS CITY-ST-ZIP **DESTIN FL** CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE FRAZIER, BEVERLY NAME STREET ADDRESS STREET ADDRESS 805 NORTH LAKESIDE DR. CITY-ST-ZIP CITY-ST-ZIP DESTIN FL ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete. TITLE · · TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or 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: