SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 8/4/95: $225 (IF RECEIVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G96348 (9)

1. Corporation Name
FLORALA CORPORATION

Principal Place of Business	Mailing Address
% JIM CANNON P.O. BOX 9610 PANAMA CITY BEACH FL 32417-9610	% JIM CANNON P.O. BOX 9610 PANAMA CITY BEACH FL 32417-9610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/16/1984
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21: 5121 Gulf Drive
2a. Mailing Address — 26: P.O. Box 9610
4. FEI Number: 59-2386554 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State — 23: P.C.B. FL
City & State — 28: PCB FL
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip — 24: 32408 Country — 25: Bay
Zip — 29: 32417 Country — 30: BAY
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CANNON, JAMES
5123 GULF DR.
P.O. BOX 9610
PANAMA CITY BEACH FL 32407

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	CANNON, JAMES	1.2 NAME		
STREET ADDRESS	5121 GULF DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BCH FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☑ Change ☐ Addition
NAME	BROCK, WILLIAM J.	2.2 NAME	Marcia T. Wiles	
STREET ADDRESS	SURF DRIVE	2.3 STREET ADDRESS	Hale Avenue	
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	PCB, FL	
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	CANNON, JAMES	3.2 NAME		
STREET ADDRESS	5121 GULF DR	3.3. STREET ADDRESS		
CITY-ST-ZIP	PCB FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
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		

CR2E034 (3/95)

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)(i), 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: Jim Cannon Jim CANNON 7-8-95 904-234-7348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008798 CP