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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # H30853

(6)

NAUTILUS OF SANTA ROSA, INC. Principal Place of Business Mailing Address 40 ANDALUSIA RD 40 ANDALUSIA RD CANTONMENT FL 32533-9125 **CANTONMENT FL 32533** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/21/1984 04/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2472274 Not Applicable 21 Suito, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Country Zip Country B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CHASE, JAMES L. 101 E. GOVERNMENT ST. Street Address (P.O. Box Number is Not Acceptable) PENSACOLA FL 32501 83 84 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 officer 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. Lam familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. Signature, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. (96/6) 12. ĎΡ DELETE 11 THLE Change Addition Tillf STUDSTILL, JOHN L. III 12 NAME 1/3/48 **40 ANDALUSIA RD** STREET ADDRESS 13 STREET ADDRESS CANTONMENT FL 1.4 CITY-ST-ZIP CHY ST 72 DELETE Channe Addition 21 TITLE HILF STUDSTILL, PATTI C. 2.2 NAME HAME 40 ANDALUSIA RD 2 3 STREET ADDRESS SPREED ADDRESS CANTONMENT FL 2.4 CITY-ST-ZIP DELETE Change ☐ Addition 3.1 TITLE 10.3 3.2 NAME HAM 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY ST ZO Addition DELETE lil;F 4.1 FITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS: 4.4 CITY-ST-ZIP Offy - \$1 - 705 Addition DELETE 1111 5.1 TITLE 5.2 NAME NAM 5 3 STREET ADDRESS STREET ADDRESS 5.4 C(TY - \$1 - Z)P CHY-S1-ZIP Change Addition Addition DELETE THE 61 TITLE NAM: 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - \$1 - ZIP 14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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

SIGNATURE:

Patti C. Studstice
GRATURE AND TYPED OR DIMINED NAME OF SIGNING OFFICER OR DIE

PATTIC, STUDSTILL

4/22/97 (904) 968-517.

Apr 28 1997 8:00am

Secretary of State