FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2002 8:00 am Secretary of State

The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Joanne F. Andrews City Pensacola, FL Joanne F. Andrews City Pensacola, FL Joanne F. Andrews Name City Pensacola, FL Joanne F. Andrews Name City Pensacola, FL Name CHANGE DUE TO MARKE NOTE: Registered agent signature required when reinstaling) DATE	Applied For Not Applicable 5 Additional aquired
Suite, Apt. #, etc. City & State Pensacola, FL Zip 32506 DO NOT WRITE IN THIS SPACE City & State Pensacola, FL Zip 32516 Country 232516 Country 232516 DO NOT WRITE This space This space 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. Name Joanne F. Andrews City Pensacola, FL City Pensacola, FL City Pensacola, FL City Pensacola, FL Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive City Pensacola, FL FL Zip 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. NAME CHANGE DUE TO MARK. Signature, typed or printed rame of registered agent and dile if appscable. NOTE: Registered when reinstating) PATE Signature required when reinstating) PATE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2542033 \$8.7'! Source Address of Current Registered Agent Name Joanne F. Andrews Andrew	Applied For Not Applicable 5 Additional equired
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Pensacola, FL Zip 32506 Country USA Country 232516 Country 252626 City Pensacola, FL City Pensacol	Applied For Not Applicable 5 Additional equired
City & State Pensacola, FL Zip 32506 Country USA Country 232516 Name Andrews Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive City Pensacola, FL Zip 256 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. Name CHANGE Due To Mark Signature Upped or princed name of registered agent and title if applicable. Name CHANGE Due To Mark Signature upped or princed name of registered agent and title if applicable. Note: Registered Agent Agent agent and title if applicable. Note: Registered when remissating) Date 9. This corporation is elicible to satisfy its Interpolible.	Applied For Not Applicable 5 Additional equired
Pensacola, FL Zip 32506 Country USA Country USA Country USA Tip 232516 Country USA 7. Name and Address of Current Registered Agent Name Joanne F. Andrews Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive Title Total Pensacola, FL Visa City Pensacola, FL City Pensacola, FL Tip 3551 Beach Haven Cove Drive 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. NAME CHANGE DUE TO MARKE. Signature, typed or printed rame of registered agent and title if applicable. NAME CHANGE DUE TO MARKE. NAME CHANGE DUE TO MARKE. Signature, typed or printed rame of registered agent and title if applicable. NAME CHANGE DUE TO MARKE. Signature typed or printed rame of registered agent and title if applicable. NAME CHANGE DUE TO MARKE.	Not Applicable 5 Additional equired
Zip 232516 Country USA Country USA Touris and Address of Current Registered Agent Name Joanne F. Andrews Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive City Pensacola, FL City Pensacola, FL City Pensacola, FL Signature Joanne F. Andrews, President Signature Joanne F. Andrews, President Name Joanne F. Andrews, President Name CHANGE DUE TO MARKE. Nam	5 Additional equired
To not write and Address of Current Registered Agent Name Joanne F. Andrews Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive City Pensacola, FL FL Zip 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. NAME CHANGE DUE TO MARKE. SIGNATURE Joanne F. Andrews, President Signeture, typed or printed reme of registered agent and title if applicable. (NOTE: Register) Agent signature required when reinstating) 9. This corporation is elicitive to satisfy its logacoible.	equired
DONOT WRITE IN THIS SPACE Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive City Pensacola, FL FL Zip 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. NAME CHANGE DUE TO MARKE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Register Agent signature required when reinstailing) 9. This corporation is elicible to satisfy its legacoible.	
Street Address (P.O. Box Number is Not Acceptable) 3551 Beach Haven Cove Drive City Pensacola, FL FL Zip 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. NAME CHANGE DUE TO MARKE SIGNATURE Joanne F. Andrews, President Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Regulator) Agent signature required when reinstating) PATE 9. This corporation is elicible to satisfy its Intracolible.	
IN THIS SPACE City Pensacola, FL FL Zip 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. NAME CHANGE DUE TO MARKE Signature, typed or printed name of registered agent and title if applicable. NOTE: Register Agent signature required when reinstating) DATE 9. This corporation is elicitible to satisfy its Intracoible.	v
City Pensacola, FL FL Zip. 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. NAME CHANGE DUE TO MARK. SIGNATURE Joanne F. Andrews, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regressor) Agent signature required when reinstailing) 9. This corporation is elicible to satisfy its (grapolible)	
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. NAME CHANGE DUE TO MAKE SIGNATURE Joanne F. Andrews, President Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Pensacola, FL NAME CHANGE DUE TO MAKE 4-12-02 9. This corporation is elicible to satisfy its (grapolible)	
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. **NAME CHANGE DUE TO MARK.** SIGNATURE Joanne F. Andrews, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is elicible to satisfy its legacoible.	32507
SIGNATURE Joanne F. Andrews, President Signeture, typed or printed name of registered agent and title if applicable. NAME CHANGE DUE TO MARK. 4-12-02 NAME CHANGE DUE TO MARK. 4-12-02 On the proper signature required when reinstating) DATE 9. This corporation is elicible to satisfy its Intencible.	
9. This corporation is elicible to satisfy its Intaccible	
Tax filing requirement and elects to do so. (See criteria on back) 10. Election Campaign Financing Trust Fund Contribution.	55.00 May Be added to Fees
11. OFFICERS AND DIRECTORS	
TITLE PD TITLE	
NAME Andrews, Joanne F STREET ADDRESS TREET ADDRESS STREET ADDRESS	
CITY-ST-ZIP 7303 TWY 98 WeSt CITY-ST-ZIP	
VDS TIFLE	
STREET ADDRESS Fanning Stifford E STREET ADDRESS	
CITY-ST-ZIP Pensacola, FL 32506 CITY-ST-ZIP	
TITLE	
NAME STREET ADDRESS	i
CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP OITY-ST-ZIP DO_NOT WRITE	
11115	
NAME STREET ADDRESS TITLE NAME STREET ADDRESS THE	
STREET ADDRESS CITY-ST-ZIP	
TITLE TITLE	
NAME NAME	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	
TOTAL CONTRACTOR CONTR	
NAME NAME	
STREET ADDRESS STREET ADDRESS	ļ
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP 3. 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 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 path, that I am an office of the same legal effect as if made under path, that I am an office of the same legal effect as if made under path, that I am an office of the same legal effect as if made under path.	

3. I nereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

<u>4-12-02</u>

850-456-6676

Daytime Phone #