FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
May 01, 1996 08:00 AM
Secretary of State

DOCUMENT # J85565 (6)

1. Corporation Name

BEACHCOMBERS, INC.

Principal Place of Business
6505 BRANDEMERE RD SO
JACKSONVILLE FL 32211
US

Mailing Address
6505 BRANDEMERE RD. SO
JACKSONVILLE FL 32211
US

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 07/28/1987
3a. Date of Last Report: 04/24/1995
4. FEI Number: 59-2830011 ☐ 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

GOODWIN, RAY O.
6505 BRANDEMERE ROAD SO
JACKSONVILLE FL 32211

10. Name and Address of New Registered Agent
81 Name: MYRTLELEE GOODWIN
82 Street Address (P.O. Box Number is Not Acceptable): 6505 BRANDEMERE Rd. S.
83
84 City: JACKSONVILLE 85 FL Zip Code: 32211

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: Myrtlelee Goodwin DATE: 5/30/96

12. OFFICERS AND DIRECTORS

TITLE	DV	☐ DELETE
NAME	GOODWIN, MEGAN E	
STREET ADDRESS	2641 LORNA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DST	☐ DELETE
NAME	GOODWIN, RAY O.	
STREET ADDRESS	6505 BRANDEMERE ROAD SO	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	GOODWIN, LARRY R.	
STREET ADDRESS	2641 LORNA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☒ DELETE
NAME	GOODWIN, MANDY	
STREET ADDRESS	2641 LORNA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	GOODWIN, MICHA	
STREET ADDRESS	2641 LORNA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	GOODWIN, JUDITH	
STREET ADDRESS	2641 LORNA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIR. / PRESIDENT	☐ Change ☐ Addition
1.2 NAME	MYRTLELEE GOODWIN	
1.3 STREET ADDRESS	6505 BRANDEMERE Rd S.	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32211	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Myrtlelee Goodwin — 4/27/96 — (904) 744-7809
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #