2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # K33873** May 14, 2001 8:00 am Secretary of State 1. Entity Name DESTIN RACQUET AND FITNESS CENTER, INC. 05-14-2001 90004 008 ***150.00 Principal Flace of Business Mailing Address 995 AIRPORT RD P.O. BOX 1807 DESTIN FL 32541 DESTIN FL 32540 US DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 59-2921804 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent -7... Name and Address of New Registered Agent CARNLEY, BRIDGET D. Street Address (P.O. Box Number is Not Acceptable) 995 AIRPORT RD. DESTIN FL 32541 City Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete Addition TITLE Change CARNLEY, JOE H. NAME NAME 900 GULF SHORE DR #1124 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DESTIN FL CITY-ST-ZIP TITLE □ Defete ☐ Change ☐ Addition CARNLEY, BRIDGET D. NAME NAME 900 GULF SHORE DR #1124 STREET ADDRESS STREET ADDRESS CITY-ST-7IP **DESTIN FL** CITY-ST-ZIP TITLE ☐ Deleté TITLE ☐ Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 attachpront with an address, with all other like empowered.

SIGNATURE: Signature any Typed on Printed Name of Signing Officer of Directo

4/29/01

830 837-7300 Daytine Phone #