FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75013 (8)

1. Corporation Name
FANCY FLAMINGO, INC. #1

Principal Place of Business	Mailing Address
%CAROLYN HUDSON SANTA ROSE MALL #63 MARY ESTHER FL 32569	%CAROLYN HUDSON SANTA ROSE MALL #63 MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 %Carolyn Hudson 810 Hwy 98 E #5	2a. Mailing Address 26 %Carolyn Hudson 810 Hwy 98 E #5
Suite, Apt. #, etc. 22 Destin	Suite, Apt. #, etc. 27
City & State 23 Florida	City & State 28 Destin, Florida
Zip / Country 24 32541 25 USA	Zip / Country 29 32541 30 USA

3. Date Incorporated or Qualified 03/23/1989	3a. Date of Last Report 03/25/1994
4. FEI Number 59-3052264	☐ 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	10. Name and Address of New Registered Agent
HUDSON, CAROLYN SANTA ROSA MALL #63 MARY ESTHER FL 32569	81 Name: Hudson, Carolyn 82 Street Address (P.O. Box Number is Not Acceptable): 810 Hwy 98 E #5 83: Destin 84 City: FL 85 Zip Code: 3254

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: Carolyn W. Hudson 4-28-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	HUDSON, PAIGE	12 NAME	HUDSON, PAIGE
STREET ADDRESS	263 H BROOKS STREET	13 STREET ADDRESS	231 Annabelle Dr.
CITY-ST-ZIP	FT. WALTON BEACH FL	14 CITY-ST-ZIP	Mary Esther, FL 32569
TITLE	STD	21 TITLE	STD ☑ Change ☐ Addition
NAME	HUDSON, CAROLYN	22 NAME	Hudson, Carolyn
STREET ADDRESS	231 ANNABELLE DRIVE	23 STREET ADDRESS	91 SHIRAH ST
CITY-ST-ZIP	MARY ESTHER FL	24 CITY-ST-ZIP	Destin, FL 32541
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: Carolyn W. Hudson 4-28-95 904-837-8282
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

047C0000 FP