2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 22, 2000 8:00 am Secretary of State **DOCUMENT # K98064** 1. Entity Name SHIPWATCH DEVELOPMENT CORPORATION 03-22-2000 90219 026 ***150.00 Mailing Address Principal Place of Business % EUGENE R. SMITH P O BOX 17848 SUITE B 612 HWY. 98 TAMPA FL 33682-7848 DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City'& State 4. FEI Number Applied For City & State 65-0130226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SMITH, EUGENE R. Street Address (P.O. Box Number is Not Acceptable) 612 HWY. 98 **DESTIN FL 32541** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE ☐ Delete TITLE Change SMITH, EUGENE R. NAME NAME 612 HIGHWAY 98 EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN, FL. 32541 32541 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with the information indicated on this report or supplemental report is true and accurate and that my strature shall have the elegal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trustee empowered to execute this report and full report of the corporation or an attachment with an address, with all other like empowers.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

3/15/00 (813) 995-9169