FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # L04585 (0)

1. Corporate Name

HIMES ENTERPRISES, INC.

Principal Place of Business

#4 COMMERCE PARK
DESTIN FL 32541

Mailing Address

PO BOX 5324
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1989

3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. # — 22

Suite, Apt. # — 27

City & State — 23

City & State — 28

24 25 29 30

4. FEI Number: 59-2952429 — 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. Does corporation has authority to indemnify officers and directors under Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HIMES, JOHN RODNEY
#4 COMMERCE PARK
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, 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. The 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HIMES, JOHN RODNEY
STREET ADDRESS	119 CALHOUN AVE.
CITY, ST, ZIP	DESTIN FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 19

1. TITLE ☐ Change ☐ Addition
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

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4. CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is accurately transcribed and that I am duly authorized and qualified to file the corporation's annual report as required by Section 607.0505, Florida Statutes. I further certify that the information contained in the 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 a director or officer of the corporation or the general or limited partner authorized to execute the report as required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: John Himes — 5-1-95 — 904-837-1159

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0390602 CP