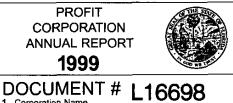
1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90140 018 ***150.00

MILL BAYOU DEVELOPMENT COMPANY, INC						
111122					r kentunk und troit naka kata kata leki dindi nikan kata in dindi nikat nikat nikat nikat dindi dindi dindi di	
Principal Place of Business Mailing Address						
431 OAK AVE PO BOX 2523						
POB 2523 PANAMA CITY FL 32402					DO NOT WRITE IN THIS SPACE	
PANAMA CITY FL 32402 US					3. Date Incorporated or Qualifed	
					09/19/1989	
20 Mailing Address					4. FEI Number Applied For	
2. Principal Place of Business 2a. Mailing Address 21 715 Rueva Vista Blud 26					59-2970125 Not Applicable	
21 TIS KYENA VISTA BIOD 26 Suite, Apt. #, etc.				٦٠.٠	\$8.75 Additional	
22 27					5. Certificate of Status Desired Fee Required	
Gity & State City & State					6. Election Campaign Financing S5.00 May Be	
23 PANAMA City Florida 28					Trust Fund Contribution Added to Fees	
Zip Country Zip					8. This corporation owes the current year Intangible	
24 3241	D) 25 USA	29 3	0		Personal Property Tax.	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent	
	NDC 105 5		81	Name		
MOORE, JOE F.				82 Street Address (P.O. Box Number is Not Acceptable)		
1200 WEST BEACH DRIVE						
PAN	AMA CITY FL 32401		83			
			84	City	85 Zip Code	
					FL.	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above	a-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	a Statutes.	ino corpor	Station of Social of Girdstore, Thoroby Goodpi and appearance as a second	
SIGNATURE					required when reinstating) DATE	
12,	Signature, typed or printed name of registered agent OFFICERS AND		egistered Agen	t signature rec	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD OFFICERS AND	DELETE	1.1 TITLE		Change Addition	
NAME	LEWIS, ELEANOR W.	_	1.2 NAME		_ , _	
STREET ADDRESS	715 BUENA VISTA BLVD.		1.3 STREET	ADDRESS		
CITY-ST-ZIP		NAMA CITY FL 32401 14 cg				
TILE	PD PD	DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	MOORE, JOE F.		2.2 NAME	İ		
STREET ADDRESS	1200 WEST BEACH DRIVE		2.3 STREET	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	•	2. 4 CITY-S		,	
TITLE	TASD	□ DELETE	3.1 TITLE		Change Addition	
NAME i	MOORE, NANCY L.		3.2 NAME			
STREET ADDRESS	1200 W BEACH DR		3.3 STREET	ADDRESS		
CITY-ST-ZIP	PANAMA CITY FL 32401	•	3.4. CITY-S	T-ZIP		
TITLE	S	DELETE .	4.1 TITLE		Change Addition	
NAME	CASTRIOTTA, GERI		4. 2 NAME	-		
STREET ADDRESS	701 REDBIRD LANE		4.3 STREET	ADDRESS		
CITY-ST-ZIP	LYNN HAVEN FL 32444		4.4 CITY-S	r- <i>ž</i> ip		
TITLE		☐ DELETE	5.1 TITLE	T T	☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS		•	5.3 STREET	ADORESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS.			6.3 STREET	ADDRESS		
CITY-ST-7IP			6.4 CITY-S	T-ZIP		

CITY-ST-ZIP 14. 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 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, with all other like empowered.

SIGNATURE: