FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L34711** **(6)**

1. Corporation Name
HONEYCOMB OF MARCO ISLAND, INC.

Principal Place of Business	Mailing Address
% DONALD G. CHILDS ~~909 N. COLLIER BLVD.~~ 983 N. Collier Blvd ~~MARCO ISLAND FL 33937~~ P.O. Box 109 Marco Island FL 33969-0109	% DONALD G. CHILDS 893 N. Collier Blvd ~~909 N. COLLIER BLVD.~~ P.O. Box 109 ~~MARCO ISLAND FL 33937~~ Marco Island FL 33969-0109

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 109	26 P.O. Box 109
Street, Apt. #, etc. 22 983 N. Collier Blvd	Street, Apt. #, etc. 27 ~~PO~~ 983 N. Collier Blvd
City & State 23 Marco Island FL	City & State 28 Marco Island FL
Zip / Country 24 33969-0109 / 25 Collier	Zip / Country 29 33969-0109 / 30 Collier

3. Date Incorporated or Qualified: 12/05/1989
3a. Date of Last Report: 03/08/1995
4. FEI Number: 65-0160943 ☐ 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
CHILDS, DONALD G. ~~909 N. COLLIER BLVD.~~ P.O. 983 N. Collier Blvd. ~~MARCO ISLAND FL 33937~~ Marco Island FL 33937	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 983 N. Collier Blvd. 83 84 City: Marco Island FL 85 Zip Code: 33937

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 (Required if this is a change) DATE (Required if this is a change)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 TITLE	PT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HONEYCOMB, JOHN W.	1.2 NAME	
STREET ADDRESS	845 COLLIER CT 506	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	1.4 CITY-ST-ZIP	
2 TITLE	S ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HONEYCOMB, BETTY B.	2.2 NAME	
STREET ADDRESS	845 COLLIER CT. 506	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL	2.4 CITY-ST-ZIP	
3 TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
4 TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5 TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6 TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I 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: J. W. H. President — 2/22/96 — 941-394-5832
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
John W. Honeycomb