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Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90153 004 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L76009

1. Corporation Name  
NICKEL SANDPIPER, INC.

Principal Place of Business 20011 EMERALD COAST PKWY DESTIN FL 32540 US	Mailing Address P.O. BOX 1659 P.O. BOX 1659 DESTIN FL 32541 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1990

4. FEI Number

59-3012960

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
528 E. PARK AVE  
TALLAHASSEE FL 32301

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 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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLES, CHARLES E	1.2 NAME	
STREET ADDRESS	20011 EMERALD COAST PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREESE, HARRY S	2.2 NAME	
STREET ADDRESS	427 N. 38TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WACO TX 76710	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EARLES, CAROL	3.2 NAME	
STREET ADDRESS	20011 EMERALD COAST PKWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, ROBERT L	4.2 NAME	
STREET ADDRESS	20011 EMERALD COAST PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODLIN, KIMBERLY	5.2 NAME	
STREET ADDRESS	2001 EMERALD COAST PKWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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:

*Kimberly S. Modlin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

8508378820