2000 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2000 8:00 am Secretary of State **DOCUMENT # M91446** 1. Entity Name TRISTAN REALTY, INC. 05-23-2000 90226 026 ***150.00 Principal Place of Business Mailing Address PO BOX 1611 913 GULF BREEZE PKWY. GULF BREEZE FL 32562-1611 HARBOURTOWN #44 GULF BREEZE FL 32561 2. Principal Place of Business 3. Mailing Address 1020 Fort Pickens Rd 1020 Fort Pickens Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2903365 Pensacola Beach Pensacola Beach Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32561 USA 32561 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORMAN, JR., C GEORGE Street Address (P.O. Box Number is Not Acceptable) 913 GULF BREEZE PKWY. HARBOURTOWN #44 Pensacola-Bea **GULF BREEZE FL 32561** CityPensacola Beach 252561 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. C. George Norman SIGNATURE me of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. 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. T Change **VPD** ☐ Addition Delete TITLE TITLE NORMAN, GEORGE C JR. NAME 1020 Fort Pickens Rd STREET ADDRESS STREET ADDRESS 913 GULF BREEZE PKWY. #44 Pensacola Beach CITY-ST-ZIP 32561 CITY-ST-7IP **GULF BREEZE FL 32561** Delete Change ☐ Addition TITLE TITLE NORMAN, FRANCES L. NAME 1020 Fort Pickens Rd STREET ADDRESS STREET ADDRESS 913 GULF BREEZE PKWY. #44 Pensacola Beach 32561 CITY-ST-7IP CITY-ST-ZIP **GULF BREEZE FL 32561** ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

(일등)[F.L. Norman (PD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

850-932-7363

Daytime Phone #