2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # M92255 1. Entity Name 05-23-2002 90062 031 ***150.00 FLORIDA AQUATICS OF AVON PARK, INC. Principal Place of Business Mailing Address STE. 302. 3000 LANGLEY AVENUE STE. 302. 3000 LANGLEY AVENUE 432620 PENSACOLA FL 32503 PENSACOLA FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2899777 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMMONS, LONNIE L. Street Address (P.O. Box Number is Not Acceptable) STE. 302, 3000 LANGLEY AVE. PENSACOLA FL 32504 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE (9/01)■ Addition NAME BENNETT, WILLIAM Y. NAME -STREET ADDRESS 3846 MENENDEZ DR. STREET ADDRESS CR2E034 CITY-ST-ZIP PENSACOLA FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME BROUGHTON, REBECCA NAME STREET ADDRESS 3846 MENENDEA DR. STREET ADDRESS CITY-ST-ZIP PENSACOLA FL CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME - ---NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

FILED