SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT, OF STATE CORPORATION Sandia B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # M97540 COLLINS FAMILY ENTERPRISES, INC. Principal Place of Business Mailing Address % CHARLES A. COLLINS, JR. % CHARLES A. COLLINS, JR. 622 BAY AVENUE 622 BAY AVENUE PANAMA CITY FL 32401 PANAMA CITY FL 32401 3. Date Incorporated or Qualified 3a. Date of Last Report 09/07/1988 07/10/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied for 21 12405 Front Beach Road 26 59-2090830 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City Beach, FL City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name COLLINS, CHARLES A., JR. 622 BAY AVENUE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 84 City 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, 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and tide if applicable (NOTE: Rogistered Agent's griature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE NAME COLLINS, CHARLES A., JR. 1.2 NAME **CR2E034** STREET ADDRESS 622 BAY AVENUE 1.3 STREET ADDRESS PANAMA CITY FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS City-St-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADORESS CITY-ST-ZIP 34 CHY-51-21P 6000018905**5**Bange 🗌 Addition TITLE DELETE 41 TITLE -07/11/96--01018--005 NAME 4 2 NAME ***225.00 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7/P DELETE 5 1 TOLE Change Addition TITLE NAME 52 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP

14. I do 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)(k). Horida 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 arry an officer or orector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in floral 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS CITY - ST - ZIP

Markes of State of Sound Officer on Director

DELETE

7-5-96

785-9423