2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000002675

FILED Mar 24, 2002 8:00 am Secretary of State

KREWE OF MASSALINA, INC.						03-24-2002 90083 031 ****61.25			
		Mailing Address P.O. BOX 347 PANAMA CITY FL 32402							
2. Principal P	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	4. FEI Number 59-3639655 Applied For Not Applicable			
Zip Country		Zip		ntry	5. Certificate of	5. Certificate of Status Desired \$8. Fee		ditional	
	6. Name and Address of Current I	Registered Agent			7. Name and A	ddress of New Registered	d Agent		
				Name	0.				
KESSLER,	JANET	iga preden a eta teka		Street Ad	dress (P.O. Box Number	is Not Acceptable)			
	ITH STREET					,			
PANAMA CITY FL 32401									
ç				City		F	Zip Cod	' Ө	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT 9. Election Car Trust Fund (mpaign F	inancing	e required when reinstating) \$5.00 May Be Added to Fees	Make Che	ck Payable		
10.	OFFICERS AND DIR		11.		ADDITIONS/CHAP	IGES TO OFFICERS AND D		1 10	
NAME STREET ADDRESS	SMITH, WILLIAM 123 BEACH DRIVE PANAMA CITY FL 32401	D X Delete		ET ADDRESS	Danet Kessl 2801 W. 114 Panama Citi	istreet L.FL 32401	Change	☐ Addition {	
	SD KESSLER, JANET 2801 W. 11TH STREET PANAMA CITY FL 32401	Delete		ET ADDRESS	wight Hill		☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	TD NEAL, GLORIA PO BOX 0463 FOUNTAIN FL 32438	Delete		ET ADDRESS	D Edward Facot 614 Flight Ai Panama Cit	Venul	Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	FAGOT, PAT 614 FLIGHT AVENUE PANAMA CITY FL 32401	☐ Delete		ET ADDRESS	georgia Ogle 999 Country Bir Mingham	tree Cub Blva	☐ Change	Addition	
NAME STREET ADDRESS	D MILLER, KATHRYN 1009 LAPALOMA TERRACE PANAMA CITY FL 32401	☐ Delete		(Carolyn Ul 306 Georgia	ller (D)	☐ Change	Addition	
STREET ADDRESS CITY-ST-ZIP	D CHAN, GERRY D 746 HARMON AVE. PANAMA CITY FL 32401 entify that the information supplied with the content of	La Delete	CITY-	ET ADDRESS ST-ZIP	lark Deshie 609 E. Znd S an i ma Coti	elds street 4. FL 32401	☐ Change	Addition	

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CERLIDAR ERLIDA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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