2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

of the corporation or the receif if changed, or on an attaching

SIGNATURE:

FILED Apr 08, 2008 08:00 Al Secretary of State DOCUMENT # N44378 1. Entity Name JOHN AND OPAL PATRONIS FOUNDATION, INC. Principal Place of Business Mailing Address 3613 DELWOOD DR 3613 DELWOOD DR PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-3081573 Not Applicable Ζıp Country Z_{ip} 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 Name PATRONIS, JOHNNY T Street Address (P.O. Box Number is Not Acceptable) 3613 DELWOOD DR PANAMA CITY BEACH FL 32408 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typod or crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature remared when reinstating) CATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2008 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE Delate TITLE ☐ Change Addition PATRONIS, JOHNNY T NAME NAME U00000886660 3613 DELWOOD DR STREET ADDRESS STREET ADDRESS 04/18/08-80067-010 61.25 RECEIVED HAR 1 8 2008 PANAMA CITY BEACH FL 32408 CITY - ST - ZIP CITY ST-ZIP TITLE Delate TITLE ☐ Change ☐ Addition SALARES, ERIC NAME NAME 8314 PALM GARDEN BLVD. STREET ADDRESS STREET ADDRESS PANAMA CITY BEACH FL 32408 CITY-ST-78 CITY-ST-ZP Dolete Collibba [TITLE TITLE Change Change PATRONIS, JIMMY T NAME NAME STREET ADDRESS 3144 KINGS DR. STREET ADDRESS PANAMA CITY FL 32405 CITY-ST-ZIP CITY-ST-ZIP Change Addition THE Delete 1016 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZiP TITLE ☐ Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET APDRESS CITY-ST-ZIP CITY-ST-Z/P Change TOTALE ☐ Delete ПL Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information indicated on this report or supply ng does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information and does not quarry for the exemptions contained in Section 119. Florida Statutes. I further certify that the information no collecte and that my signature shall have the same legal effect as if made under oath; that I am an officer or director be execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 all other like empowered.

Johnny T Patronis

3/26/08

850-234-3862