FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED
FILED

95 FEB 21 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N92000000715 (4)

1. Corporation Name

COUNCIL OF ECONOMIC ACTIVITY OF SANTA ROSA COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
1099 OLD BAGDAD HWY MILTON FL 32583 US	1099 OLD BAGDAD HWY MILTON FL 32583 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/24/1992
3a. Date of Last Report: 07/19/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MARCUM, RICHARD A
1099 OLD BAGDAD HWY
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CT	1.1 TITLE	TT	☐ Change ☒ Addition
NAME	WORAM, BRYON	1.2 NAME	Alexander Bach	
STREET ADDRESS	5700 INDUSTRIAL BLVD.	1.3 STREET ADDRESS	3355 Gulf Breeze Pkwy, Bldg. O	
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	Gulf Breeze, FL 32561	
TITLE	VCT	2.1 TITLE	CT	☒ Change ☐ Addition
NAME	SALTER, DON	2.2 NAME		
STREET ADDRESS	904 DOGWOOD DR. S.W.	2.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, MILLARD F JR	3.2 NAME		
STREET ADDRESS	8052 ARMSTRONG RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32583	3.4 CITY-ST-ZIP		
TITLE	TT	4.1 TITLE	VCT	☒ Change ☐ Addition
NAME	BURDEN, JERRY	4.2 NAME		
STREET ADDRESS	200 CAROLINE ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	MILTON FL 32570	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☒ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(i), Florida 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Don Salter 2-20-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Don Salter

002/1052