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

APPROVED AND FILED
1995 FEB 24 AM 8 22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000000648

1. Corporation Name

Residents and Members Incorporated Together

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: January 31, 1994
3a. Date of Last Report: None
4. FEI Number: 59-3254094 (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 1029 Barracuda Drive	26 P.O. Box 28056
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Panama City Beach, FL	28 City & State: Panama City, FL
24 Zip: 32411 — 25 Country	29 Zip: 32411 — 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

31 Name: Owen Radcliff
32 Street Address (P.O. Box Number is Not Acceptable): 1029 Barracuda Drive
33
34 City: Panama City — FL — 35 Zip Code: 32411

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: Owen Radcliff OWEN RADCLIFF, TREASURER 27 January, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition X C Mr Jarrad Blanchard 4434 Bay Point Road Panama City Beach, FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition D Mr. Tom Hull 909 Cobia Drive Panama City, FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition D Dr. William Calledare 1817 Weakfish Way Panama City Beach, FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition D Mrs. Dorothy Wood 236 Marlin Circle Panama City Beach, FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition S Mr. Ivan Trusler 7205 Thomas Drive Panama City Beach, FL 32411
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DEB 2-24	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☒ Addition T Dr. Owen Radcliff 1029 Barracuda Drive Panama City Beach, FL 32411

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), 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: Owen Radcliff 27 January 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #