FILE NOW: FILING FEE IS \$61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500001399 (3)

B/NH CANAL ASSOCIATION, INC.

618 REACHCOMBER DRIVE 618 BEACHCOMBER DRIVE LYNN HAVEN FL 32444-3412 YNN HAVEN FL 32444 3. Date incorporated or Qualified 3a. Date of Last Report 03/22/1995 01/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For NOT APPLICABLE 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing П 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country This corporation has liability for intangible tax under s. 199.032. 24 25 30 Florida Statutes ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HAHN, EDWARD J JR. 82 Street Address (P.O. Box Number is Not Acceptable) 618 BEACHCOMBER DRIVE 83 LYNN HAVEN FL 32444 84 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 familial with 3rd accept the obligations of Section 517.0503, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) Change Addition TATLE D DELETE 1,1 TITLE HAHN, EDWARD J JR. NAME 1.2 NAME STREET ADDRESS 618 BEACHCOMBER DRIVE 1.3 STREET ADDRESS LYNN HAVEN FL 32444 1.4 CITY - ST-ZIP CITY-ST-ZIP Addition DELETE Change TITLE 2.1 TITLE NAME FYFE, JIM 2.2 NAME **632 BEACHCOMBER DRIVE** STREET ADDRESS 2.3 STREET ADDRESS LYNN HAVEN FL 32444 2.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME STRICKLAND, CHARLOTTE 3.2 NAME 2107 NO. HARBOUR DRIVE 3.3 STREET ADDRESS STREET ADDRESS LYNN HAVEN FL 32444 CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ■ DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing 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 I am an officer or director of the cappears in Block 12 or Block

FILED Feb 05 1997 8:00am Secretary of State



Daytime Phone (hounts)