FILED **2001 UNIFORM BUSINESS REPORT (UBR)** Mar 05, 2001 8:00 am Secretary of State DOCUMENT # N9500002010 1. Entity Name 3-05-2001 90276 035 ****61.25 HIGHSTEPPERS, INC. Principal Place of Business Mailing Address 1295 BEVERLY ST 1295 BEVERLY ST 1000 2 -FT WALTON BEACH FL 32547 FT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3316864 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JAMES A. PETTY Street Address (P.O. Box Number is Not Acceptable) 397 CANTERBURY CIRCLE MARGARET VICKER 936 POCAHONTAS DR FORT WALTON BEACH, FL FT WALTON BEACH FL 32547 FI 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. CR2E037 (10/00) **VPD** VPD TITLE Delete TITLE **X** Addition HEAVENER, UNA KLINE, PAT NAME NAME 312 GARDNER DR. STREET ADDRESS 219 FLIVA AVE STREET ADDRESS FORT WALTON BEACH, FL 32548 CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL ☐ Change Delete ☐ Addition TITLE NAME REBECCA BLACKMON STREET ADDRESS 413 SHERRY CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL D PD ☐ Delete **X** Change Addition TITLE TITLE JAMES PETTY NAME NAME STREET ADDRESS 397 CANTERBURY CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL TITLE Change ▼ Addition TITLE Delete WADE, DIANA VICKER, MARGARET NAME NAME 285 PAYNE ST., UNIT 15-A STREET ADDRESS 936 POCAHONTAS DR STREET ADDRESS DESTIN, FL 32540 CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL TITI F Delete ☐ Change Addition LAFAYE, BARBARA MONTGOMERY, BARBARA NAME 15 CALHOUN STREET ADDRESS 1837 HEARTLAND DRIVE STREET ADDRESS DESTIN, FL 32540 CITY-ST-ZIP CITY-ST-ZIP FT WALTON BCH FL 32547 Change X Addition TITLE ☐ Delete TITLE KURZ, ANITA NAME 821 WEEDEN ISLAND DR. STREET ADDRESS STREET ADDRESS NICEVILLE, FL 32578 CITY-ST-ZIP CITY-ST-ZIP

12. I 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 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

SIGNATURE:

James a. Kethis JAMES A. PETTY SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR