SECOND NOTICE; CORPORATION WILL BE DISSOLVED ON OR ~~BEFORE~~ SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE IS STATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # N97000005260 (1)

1. Corporation Name
OLDE ALLANTON FOUNDATION, INC.

Principal Place of Business	Mailing Address
14028 10426 ALLANTON RD ~~PANAMA CITY~~ FL 32404 Allanton FL 32404	14028 10426 ALLANTON RD ~~PANAMA CITY~~ FL 32404 Allanton, FL 32404

2. Principal Place of Business	2a. Mailing Address
21 14028 Allanton Rd	26 14028 Allanton Rd
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Allanton FL	28 City & State: Allanton FL
24 Zip: 32404 25 Country: Bay	29 Zip: 32404 30 Country:

3. Date Incorporated or Qualified: 09/16/1997
4. FEI Number: 59-3480415 ☐ 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MONACHELLI, FRANK
10426 ALLANTON RD 14028
PANAMA CITY FL 32404

10. Name and Address of New Registered Agent — NO assets

81 Name: FRANK Monachelli
82 Street Address (P.O. Box Number Is Not Acceptable): 14028 Allanton Rd
83
84 City: Allanton FL 85 Zip Code: 32404

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 familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE: Frank Monachelli — 8/25/98
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	President FRANK MONACHELLI 14028 ALLANTON RD ALLANTON, FL 32404	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President PESTA MONACHELLI 14028 ALLANTON ROAD ~~PANAMA CITY~~ ALLANTON FL 32404	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treas Steve Smith 101 Stones Throw Rd Chapel Hill, NC 27516	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Daniel Flynn 14028 Allanton Rd Allanton FL 32404	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director Daniel Flynn 14028 Allanton Rd Allanton FL 32404	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Troydyn Monachelli 2900 Gallagher Drive Panama City, FL 32405	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director Troydyn Monachelli 2900 Gallagher Drive Panama City FL 32405	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Louis Monachelli Sr. 14028 Allanton Rd Allanton FL 32405	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director Louis Monachelli SR. 14028 Allanton Rd Allanton FL 32404	☐ Change ☒ Addition

CR2E037 (5/98)

14. 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 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: Frank Monachelli — 8/25/98 — 850-874-1776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #