2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am¹ Secretary of State DOCUMENT # N9800003045 ST. ANDREWS WATERFRONT PARTNERSHIP, INC. 05-12-2001 90036 050 ****61.25 Principal Place of Business Mailing Address PO BOX 4303 PO BOX 4303 PANAMA CITY FL 32401 PANAMA CITY FL 32401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3598912 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WENGEL, NANCY 1701 MOUND AVE PANAMA CITY FL 32401 Zip Code 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 - Director 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT DIRECTOR Addition Delete TITLE Debbie CARlin GONZALEZ, CHARLES F IV NAME NAME STREET ADDRESS STREET ADDRESS 3208 W 16TH ST 4952 W. HWY 98 CITY-ST-ZIP CITY-ST-ZIP FL 32405 PANAMA CITY FL 32401 Vice Paes t Director Addition TITLE Delete HINSON, HERBERT H NAME NAME Tom Bowdoin STREET ADDRESS STREET ADDRESS 2913 W. 11TH ST. 1128 Chestnut CITY-ST-ZIP CITY-ST-7/P PANAMA CITY FL 32401 FL 32401 SELACTION & DIRECTOR Change Addition بالمحادث TITLE Delete TITLE MAPELSDEN, ELLEN NAME Phoebe MASKER NAME STREET ADDRESS STREET ADDRESS 3304 W·154 3803 W. 16TH CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32401 PC FL 32401 TREASURER & DIRECTOR LAURA RUSSE!! 3123 W. 23RLST Change TITLE **X** Delete TITLE Addition NANCY WENGE NAME NAME 1701 marry Ave STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PCFL32400 ·FL32401 TITLE TITLE Change Addition DIRECTOR Steve Rubin NAME NAME. STREE ADDRESS 1334 CINCINNATI FIVE STIFEET ADDRESS -ST-ZIP CITY-ST-ZIP CITY C FL 32405 FL 3240 X Addition Director ☐ Change BOD NO IAN AME JOHN MEVELAN EET ADDRESS STREET ADDRESS CITY-ST-ZIP

2. Thereby certify that the information experied 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01 (850

Daytime Phone #