2000 UNIFORM BUSINESS REPORT (UBR) Amended N98000004734 DQCUMENT# FILES CHETARY OF STATE FAMILY ASSOCIATIONS 3 Fins Out Incorporated 00 OCT 27 PM 3: 14 Principal Place of Business Mailing Address 8797-Comostake Dr. 8797-Como Lake Dr. Jacksonville, EPECh, Fl Jacksonville: FL 32256 32256 2. Principal Place of Business 3. Mailing Address 213 33rd Ave P.O. BOX 50952 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number lacksonville Beach FL Jacksonville Beach, FL 59-3551958 Not Applicable \$8.75 Additional 32250 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Wyatt Winter, Regina R. 8797 Como Lake Dr. Street Address (P.O. Box Number is Not Acceptable) Jacksonville, FL 32256-8431 Zip Code 3 2 2 2 5 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. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Change ☐ Addition TITLE ☐ Delete Dickinson, Jeffrey 213 33rd Ave S. Winter, Danon #117 NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville Beach, FL Ponte Vedra, FL 32082 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE Whismant, Sandy 1208 14th Street North Wyatt, II, John 13238 Liahona Lane NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville Beach, FL 32250 CITY-ST-ZIP Jacksonville, FL 32225 CITY-ST-7IP Change TITLE ☐ Addition Delete Ross Michael C. 8321 Ft. Caroline Rd **700003463847--**-11/15/00--01031--011 NAME NAME STREET ADDRESS STREET ADDRESS ****61.25 Jacksonville, FL 32211 *****E1.25 CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition TITLE Osborn, Jr., David R. 1932 Strickland Rd. winter, Regina R. 8797 Como Lake Dr. NAME NAME

Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

12. I hereby certify that the information supplied with this filling 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 these empowers 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

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

FFICER OR DIRECTOR

Jacksonville FL 32256

Davis, Eric 2427 Footbridge Lane

Jacksonville, FL 32224

Neptune Beach, FL 32266

(904) ZZO-8051

☐ Change

☐ Addition