09081999-90006-015-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT -5 AM 8:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N98000006122

Corporation Name
FLORIDA CANNABIS ACTION NETWORK, INC.

Principal Place of Business	Mailing Address
305 N.E. 1ST STREET SUITE 1 GAINESVILLE FL 32601	305 N.E. 1ST STREET SUITE 1 GAINESVILLE FL 32601

9/8/99 90006 015 $61.25

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	26	10/26/1998
Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3542507 ☐ Applied For ☐ Not Applicable
City & State	28 City & State	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / 25 Country	29 Zip / 30 Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

EDINGER, GARY S
305 N.E. 1ST STREET SUITE 1
GAINESVILLE FL 32601

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ______ 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	APLIN, KEVIN		1.2 NAME		
STREET ADDRESS	1064 S.E. 22ND AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		1.4 CITY-ST-ZIP		
TITLE	DVT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BLEDSOE, SCOTT		2.2 NAME		
STREET ADDRESS	141 ORANGE PARK ROAD #177		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	Director	☐ Change ☒ Addition
NAME	LAND, DONALD		3.2 NAME	RA	R.A
STREET ADDRESS	1334 S.E. 22ND AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32641		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Raymond BLEDSOE 9-2-99 404-278-0993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Aplin (President) 10-4-99

KE

CR2E037 (5/99)