FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 21, 2001 8:00 am DOCUMENT # P00000109874 **Secretary of State** CFR OF OKALOOSA, INC. 02-21-2001 90067 018 ***158.75 Principal Place of Business Mailing Address 1234 AIRPORT RD UNIT 121 P.O.BOX 5495 DESTIN FL 32541 DESTIN FL 32540 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE . City & State City & State 4. FEI Number Applied For 59-3684177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSHING, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1234 AIRPORT RD UNIT 121 DESTIN FL 32541 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD CR2E034 (10/00) ☐ Change TITLE Delete TITLE RUSHING, JOHN R NAME NAME STREET ADDRESS STREET ADDRESS DESTIN FL 32541 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE RONALD G. FISHER NAME NAME 20 READY AVE, NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT WALTON BEACH : FL 32548 Addition ☐ Change TITLE ☐ Delete TITLE DAVID B. CONNART NAME NAME 1234 AIR PORT ROAD STE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32541 DESTIN, FL ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP 13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if