FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 06, 2002 8:00 am Secretary of State DOCUMENT # P00000109874 1. Entity Name 05-06-2002 90240 032 \*\*\*158.75 CFR OF OKALOOSA, INC. 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 PO Box Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3684177 MARY ESTHER Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARRETA RUSHING, JOHN R Street Address (P.O. Box Number is Not Acceptable) 1234 AIRPORT RD UNIT 121 DESTIN FL 32541 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete CR2E034 (9/01) TITLE ☐ Addition NAME RUSHING, JOHN R NAME SIECPY HOILOW DR STREET ADDRESS 1234 AIRPORT RD., STE 121 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ۷D ☐ Delete TITLE Change ☐ Addition NAME FISHER, RONALD G NAME STREET ADDRESS STREET ADDRESS 20 READY AVE, NW CITY-ST-ZIP FORT WALTON BEACH FL 32548 CITY-ST-ZIP TITLE ☐ Delete TITLE Change -Addition NAME CONNART, DAVID B NAME STREET ADDRESS 1234 AIRPORT RD. STE 121 STREET ADDRESS CITY-ST-ZIP DESTIN FL 32541 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. RUSHING 4-19-02