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changed, or on an attachment with an address, with all other like empowered

SIGNATURE

## Apr 11, 2002 8:00 am Secretary of State DOCUMENT # P01000086444 1. Entity Name I-11-2002 90019 024 \*\*\*150 00 PRICE LAND, INC. Principal Place of Business Mailing Address 1785 J.D. MILLER RD. 1785 J.D. MILLER RD. SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 2.-Principal Place of Business 3. Mailing Address <u> P.O. Box</u> 2580 West Co Hwy 1900 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE anta Rosa Sunta Rosa City & State Applied For City & State 4. FEI Number <u>32459</u> 32459 593743 Not Applicable Country Zip Country Zip \$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 Street Address (P.O. Box Number is Not Acceptable) PRICE, BLAKELY A 1785 J.D. MILLER RD. SANTA ROSA BEACH FL 32459 Co HWY 30-A 2020g 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. DATE (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 **\$5.00** May Be Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) Change 🛣 ☐ Addition TITLE ☐ Delete TITLE Price, Blakely A. 2580 West Co Hwy 30-A NAME NAME PRICE, BLAKELY A STREET ADDRESS STREET ADDRESS 1785 J.D. MILLER RD. CITY ST-ZE-CITY-ST-ZIF Santa Rosa Beh. FL <u> SANTA ROSA BEACH EL 32459 </u> ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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 ☐ Delete ☐ Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 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