2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P26400** Apr 25, 2000 8:00 am Secretary of State WANT ADS OF MERRITT ISLAND, INC. 04-25-2000 90025 037 ***150.00 Principal Place of Business Mailing Address 240 SOUTH COURTENAY PKWY PO BOX 1659 MERRITT ISLAND FL 32952 **DESTIN FL 32540-1659** US US 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2911627 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NRAI SERVICES, INC Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVE SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5:00-May Be- Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. S/D ☐ Delete Change Addition TITLE TITLE MODLIN, KIMBERLY S. Charles E. Earles NAME 20011 Emerald Coast Parkway STREET ADDRESS 20011 EMERALD COAST PKWY STREET ADDRESS Destin, FL 32541 CITY-ST-ZIP CITY-ST-ZIP DESTIN FL Delete TITLE Change Addition TITL F GREGORY, MARY NAME NAME STREET ADDRESS STREET ADDRESS 240 S COURTENAY PKWY. CITY-ST-7IP CITY-ST-ZIP MERRITT ISLAND FL X Addition Change ☐ Delete TITLE TITLE Robert L. Christensen NAME NAME 20011 Emerald Coast Parkway STREET ADDRESS STREET ADDRESS 32541 CITY-ST-ZIP Destin, FL CITY-ST-ZIP X Addition ☐ Change ☐ Delete TITLE Harry S. Treese NAME 3901 West Waco Drive STREET ADDRESS STREET ADDRESS Waco, TX 76710 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 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of supplemental report is frue 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 of

Earles,

Charles E.

kh all othen like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

of the corporation or changed, or on an a

850-837-8820