FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000002152 (5)

1. Corporation Name
FIVE FLAGS YACHT CLUB, INC.

Principal Place of Business	Mailing Address
600 S BARRACKS STREET SUITE 220 PENSACOLA FL 32501 US	600 S BARRACKS STREET SUITE 220 PENSACOLA FL 32501 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 4300 BAYOU BOULEVARD	26 4300 BAYOU BOULEVARD
Suite, Apt. #, etc. 22 SUITE 30-A	Suite, Apt. #, etc. 27 SUITE 30-A
City & State 23 PENSACOLA, FL	City & State 28 PENSACOLA, FL
Zip 24 32503 Country 25 U.S.A.	Zip 29 32503 Country 30 U.S.A.

4. FEI Number: 59-3171961 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEST, WYLIE
600 S BARRACKS STREET
SUITE 220
PENSACOLA FL

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4300 BAYOU BOULEVARD
83 SUITE 30-A
84 City: PENSACOLA FL 85 Zip Code: 32503

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Wylie West — WYLIE WEST, TREASURER — DATE: 3/9/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, JOHNNY L	1.2 NAME		
STREET ADDRESS	1121 LAKEVIEW AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	STEPHENS, JAY F	2.2 NAME	STEPHENS, JAY F.	
STREET ADDRESS	534 E ZARAGOZA ST UNIT #1	2.3 STREET ADDRESS	1119 E. LAKEVIEW AVENUE	
CITY-ST-ZIP	PENSACOLA FL 04	2.4 CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	WRIGHT, NORMAN F	3.2 NAME		
STREET ADDRESS	1013 ARMENIA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 09	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARNELEY, JAMES W	4.2 NAME		
STREET ADDRESS	3350 SCHIFKO RD	4.3 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BARTLEY, RACHEL R	5.2 NAME		
STREET ADDRESS	50 W BRAINERD ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 23	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	WEST, WYLIE	6.2 NAME	WEST, WYLIE	
STREET ADDRESS	600 S BARACKS ST #220	6.3 STREET ADDRESS	4300 BAYOU BOULEVARD, #30-A	
CITY-ST-ZIP	PENSACOLA FL 02	6.4 CITY-ST-ZIP	PENSACOLA, FL 32503	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wylie West — WYLIE WEST, TREAS. — 3/9/95 — 904 857-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388821 CP