SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P93000003275 (3) **DOCUMENT #** RIGDON INVESTMENTS, INC. Principal Place of Business Mailing Address 110 EGLIN PKWY SE 815 HWY 98 E FORT WALTON BEACH FL 32548 DESTIN FL 32540 3a. Date of Last Report 3. Date incorporated or Qualified 01/08/1993 04/17/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3159316 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zip Yes No Florida Statutes 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIGDON, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 815 HWY 98 E 82 **DESTIN FL 32541** 83 Zip Code 85 **84** City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when relies (ring) Signature, typical or protest had a of registered agent and title if apply able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/86)OFFICERS AND DIRECTORS 13. 12. Change DELETE 1.1 TELE PSTD TITLE CR2E034 RIGDON, CHARLES 1.2 NAME 815 HWY 98 E 1.3 STREET ADDRESS STREET ADDRESS **DESTIN FL** 1 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 21 TIFLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 City - St - ZP CITY - ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3 2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 41 TifLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CHY - ST-ZIP CITY - ST - 7IP Change Addition DELETE 5 1 TIFLE TITLE 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHTY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 6 1 1/11/ TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. If do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Fiorida Statutes 1 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 cath, that I am as officer or directory of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and

on an attac

nment with an address

SIGNING OFFICER OF DIRECTOR

made under oath, that Larn a that my name appears in Big

SIGNATURE: