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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P93000029636 (6)**

1. Corporation Name
BUDDY LILES CO.

Principal Place of Business	Mailing Address
3655 HY 98 ENCLAVE #504-B DESTIN FL 32541 US	3655 HWY 98 E ENCLAVE # 504-B DESTIN FL 32541-4742 US

3. Date Incorporated or Qualified: 04/21/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 515 Tops'l Beach Blvd.	26 515 Tops'l Beach Blvd.
Suite, Apt. #, etc. 22 Summit #710	Suite, Apt. #, etc. 27 Summit #710
City & State 23 Destin FL.	City & State 28 Destin, FL.
Zip 24 32541 Country 25 U.S.A	Zip 29 32541 Country 30 U.S.A.

4. FEI Number: 59-3180939 ☐ 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

LILES, THOMAS P JR.
3655 HWY 98 E. ENCLAVE #504-B
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Liles Thomas P. Jr.
82 Street Address (P.O. Box Number is Not Acceptable): 515 Tops'l Beach Blvd.
83 Summit #710
84 City: Destin FL 85 Zip Code: 32541

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: Thomas Liles — Thomas Liles — DATE: 3-22-97
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	P	☐ DELETE	1.1 TITLE	Liles Thomas	☒ Change ☐ Addition
NAME	LILES, THOMAS		1.2 NAME		
STREET ADDRESS	ENCLAVE #504-B		1.3 STREET ADDRESS	515 Tops'l Beach Blvd Summit #710	
CITY-ST-ZIP	DESTIN FL		1.4 CITY-ST-ZIP	Destin, FL. 32541	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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 addres

SIGNATURE: Thomas Liles — 3-22-97 — 267-6027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #