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(1)

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 SEP 22 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000080536

1. Corporation Name: Oceanside Publishing, INC

Principal Place of Business: 3450 Ocean Boh. Blvd #801, Cocoa Beach, FL 32931

Mailing Address: 2023 N. ATLANTIC Ave, Suite # 313, Cocoa Beach, FL 32931-3386

3. Date Incorporated or Qualified: 11-16-93
3a. Date of Last Report: 1996

2. Principal Place of Business
21: 3450 Ocean Boh. Blvd
Suite, Apt. #, etc. 22: 801
City & State 23: Cocoa Beach, FL
Zip 24: 32931 Country 25: USA

2a. Mailing Address
26: 2023 N. ATLANTIC Av
Suite, Apt. #, etc 27: 313
City & State 28: Cocoa Beach, FL
Zip 29: 32931-3386 Country 30: USA

4. FEI Number: 59-3205777 ☐ 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

CRAIGS, J.M.
2023 N. ATLANTIC Av #313
Cocoa Beach, FL 32931-3386

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: J.M. Craigs — J.M. CRAIGS — 9/19/97
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT / SECRETARY	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	J.G. CRAIGS		12 NAME	
STREET ADDRESS	104 NORTH ST #2		13 STREET ADDRESS	
CITY-ST-ZIP	Houlton, Maine 04730		14 CITY-ST-ZIP	
TITLE	VICE President / Treas	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	J.M. CRAIGS		22 NAME	
STREET ADDRESS	2023 N. ATLANTIC Ave #313		23 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Beach, FL 32931-3386		24 CITY-ST-ZIP	
TITLE		☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME			32 NAME	
STREET ADDRESS			33 STREET ADDRESS	
CITY-ST-ZIP			34 CITY-ST-ZIP	
TITLE	Director	☒ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	R.T. CRAIGS	Deceased	42 NAME	
STREET ADDRESS	104 NORTH ST #2		43 STREET ADDRESS	
CITY-ST-ZIP	Houlton, MAINE 04730		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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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 address.

SIGNATURE: J.M. Craigs V.P. J.M. CRAIGS — 9/19/97 — 407-427-5773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #