FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P94000007969

1. Corporation Name
BANANA HEAD'S INC.

Principal Place of Business
312 ANASTASIA BOULEVARD
ST. AUGUSTINE, FL 32084

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2/1/94

2. Principal Place of Business
21 312 ANASTASIA BOULEVARD
Suite, Apt. #, etc. 22
City & State 23 ST AUGUSTINE FL
Zip 24 32084 Country 25 USA

2a. Mailing Address
26 312 ANASTASIA BOULEVARD
Suite, Apt. #, etc. 27
City & State 28 ST AUGUSTINE, FL 32084
Zip 29 32084 Country 30 USA

4. FEI Number: 59-3269167 — 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No unknown

9. Name and Address of Current Registered Agent
DAVID L. BAKER
2941 S. PONTE VEDRA BLVD.
S.PONTE VEDRA BEACH, FL 32082

10. Name and Address of New Registered Agent
81 Name: SUSAN C. BAKER, as Personal Representative of Estate of David L. Baker
82 Street Address (P.O. Box Number is Not Acceptable): 47 SAILFISH DRIVE
83
84 City: PONTE VEDRA BEACH FL 85 32082

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: Susan C Baker as Personal Representative of the Estate of David L. Baker — DATE 4/29/98
(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	☒ DELETE
NAME	DAVID L. BAKER, President/Director
STREET ADDRESS	2941 S. PONTE VEDRA BLVD.
CITY-ST-ZIP	S. PONTE VEDRA BEACH, FL 32082
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Director ☒ Change ☐ Addition
1.2 NAME	SUSAN C. BAKER, as Personal Representative of Estate of David L. Baker
1.3 STREET ADDRESS	47 Sailfish Drive
1.4 CITY-ST-ZIP	Ponte Vedra Beach, FL 32082
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

$655

800002511408
-05/05/98--01079--035
***150.00

14. 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 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: Susan C Baker as Personal Representative of the Estate of David L. Baker President/Director — Date 4-29-98 — Daytime Phone # 904-285-0153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)