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 -6 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000009672 (4)

1. Corporation Name
FUTURE FUN II, INC.

Principal Place of Business	Mailing Address
P.O. BOX 417 GRAND ISLAND FL 32735	P.O. BOX 417 GRAND ISLAND FL 32735

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 31-34 North Nelson Ave.
22: Suite, Apt. #, etc.
23: City & State: Daytona Beach, FL.
24: Zip
25: Country: U.S.A.

2a. Mailing Address
26: 117 Madrona Dr.
27: Suite, Apt. #, etc.
28: City & State: Eustis FL.
29: Zip: 3726
30: Country: Lake

4. FEI Number: 59-321 3384 ☐ 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

WHITAKER, JOHN C
38341 ECHOLA RD.
GRAND ISLAND FL 32735

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 _____ DATE
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	D	☒ Change ☐ Addition
NAME	WHITAKER, JOHN C	1.2 NAME	Whitaker John C.	
STREET ADDRESS	38341 ECHOLA RD.	1.3 STREET ADDRESS	38341 Echols Rd	
CITY-ST-ZIP	GRAND ISLAND FL 32735	1.4 CITY-ST-ZIP	Grand Island, FL. 32735	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WHITAKER, THOMAS B	2.2 NAME		
STREET ADDRESS	117 MADRONA DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KLEIMEYER, MARK	3.2 NAME		
STREET ADDRESS	10279 FRONT BEACH RD.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PANAMA CITY BEACH FL 32407	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	RUE, DAN S	4.2 NAME		
STREET ADDRESS	2873 ALAMEDA DEL NORTE	4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL 32726	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 addition.

SIGNATURE: Jon Whitaker Jon Whitaker 2/20/95 (904) 383-3786
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0414734 FP