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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000029068 (1)**

1. Corporation Name
EMERALD COAST CHECK DIVERSION PROGRAM, INC.

Principal Place of Business	Mailing Address
~~707 HUNTINGDON DR~~ ~~PANAMA CITY FL 32405~~ 400 W. 11th St. Ste. G Panama City, FL 32401	~~707 HUNTINGDON DR~~ ~~PANAMA CITY FL 32405~~ 400 W. 11th St. Ste. G Panama City, FL 32401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 04/15/1994
3a. Date of Last Report:
4. FEI Number: 59-3236541 ☐ 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	10. Name and Address of New Registered Agent
BLUE, ROB JR 221 MCKENZIE AVE PANAMA CITY FL 32402	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	11 TITLE	☒ Change ☐ Addition
NAME	BROWNING, DAVID	12 NAME	Secretary/Vice Pres./D Browning, David
STREET ADDRESS	707 HUNTINGDON ST	13 STREET ADDRESS	3401 Country Club Court
CITY-ST-ZIP	PANAMA CITY FL 32405	14 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	REINSTATLER, RICK	22 NAME	President/Treasurer/D Reinstatler, Rick
STREET ADDRESS	337 FLOYD DR	23 STREET ADDRESS	337 Floyd Dr.
CITY-ST-ZIP	LYNN HAVEN FL 32444	24 CITY-ST-ZIP	Lynn Haven, FL 32444
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 address.

SIGNATURE: Rick Reinstatler — 4/26/95 — (904) 747-3019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Rick Reinstatler, President

0030229 CP