FILE NOW: FILING FEE AFTER MAY 1 IS $[illegible].00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTME[illegible]/ATE
Sandra B. M[illegible]
Secretary
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUL 10 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000030223 (9)

1. Corporation Name
Best Bet, Inc.

Principal Place of Business	Mailing Address
117 Boca Lagoon Dr. Panama City Bch. FL 32408	Same

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 4/18/94
3a. Date of Last Report:

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

4. FEI Number: 59-3240021 — 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
Robert L. Miley 117 Boca Lagoon Dr. P.C.Bch. FL 32408	81 Name N/A 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: Robert L. Miley — 6-22-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME Miley, Robert L. STREET ADDRESS 117 Boca Lagoon Dr. CITY-ST-ZIP Panama City Bch, FL 32408	11 TITLE ☐ Change ☐ Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	21 TITLE 800001596195 Change Addition 22 NAME -07/12/95--01079--015 23 STREET ADDRESS ****200.00 ****200.00 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	31 TITLE ☐ Change ☐ Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	41 TITLE ☐ Change ☐ Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP
TITLE NAME STREET ADDRESS CITY ST ZIP	61 TITLE ☐ Change ☐ Addition 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP

REMITTED BY MAY 1

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: Robert L. Miley Pres. — 5-19-95 — (904) 234-0891
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #