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 APR 28 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000049777 (3)**

1. Corporate Name

THE WATERMELON PATCH, INC.

Principal Place of Business

4039 GREENWOOD DRIVE
FORT PIERCE FL 34982

Mailing Address

4039 GREENWOOD DRIVE
FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/30/1994

3a. Date of Last Report:

2. Principal Place of Business
21 2814 S US Hwy 1 D-1
Suite, Apt. #, etc.
22
City & State
23 Ft. Pierce, Fl.
Zip
24 34951
County
25

2a. Mailing Address
26 2814 S. US. Hwy 1 D-1
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: 65-0519352 — 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

GABELMANN, PAMELA M
4039 GREENWOOD DRIVE
FORT PIERCE FL 34982

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 607.0505 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

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GABELMANN, PAMELA M
STREET ADDRESS	4039 GREENWOOD DRIVE
CITY, ST, ZIP	FORT PIERCE FL 34982
TITLE	D
NAME	PLATTS, DEBRA S
STREET ADDRESS	11670 TWIN CREEKS DRIVE
CITY, ST, ZIP	FORT PIERCE FL 34945

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (Check)

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information supplied with this report is validly furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained on the annual report or supplemental annual report is true and complete and that my signature shall have the same legal effect under oath that I would have if I were one of the corporation's officers or directors or the manager or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 (Change) or on an attached sheet with an address.

SIGNATURE: Debra S. Platts, VP — Debra S Platts — 4.20.95 — 407.465.6682

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0379604 CP