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APPROVED AND FILED P. 002

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

95 MAY -1 PM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500001479365
-05/09/95--01012--004
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000054403

1. Corporation Name
BSASH, INC.

Principal Place of Business: 704 8TH CIRCLE, LYNN HAVEN, FL 32444
Mailing Address:

3. Date Incorporated or Qualified: July 18, 1994
3a. Date of Last Report: N/A

2. Principal Place of Business (21):
Suite, Apt. #, etc. (22):
City & State (23):
Zip (24): Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

4. FEI Number: 59-3261571 ☐ 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

NORMAN H. HAYES
508 CANDLEWICK DRIVE
PANAMA CITY, FL 32405

10. Name and Address of New Registered Agent

81 Name: SAME
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: Norman H. Hayes — 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	President	1.1 TITLE	☐ Change ☐ Addition
NAME	SANDRA F. GIVINS	1.2 NAME	
STREET ADDRESS	704 8TH Circle	1.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	1.4 CITY-ST-ZIP	No Changes
TITLE	Vice President	2.1 TITLE	☐ Change ☐ Addition
NAME	William M. GIVINS	2.2 NAME	
STREET ADDRESS	704 8TH Circle	2.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN, FL 32444	2.4 CITY-ST-ZIP	No Changes
TITLE	Vice President	3.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN H. HAYES	3.2 NAME	
STREET ADDRESS	508 CANDLEWICK DRIVE	3.3 STREET ADDRESS	↓
CITY-ST-ZIP	PANAMA CITY, FL 32405	3.4 CITY-ST-ZIP	
TITLE	Secretary, Treasurer	4.1 TITLE	☐ Change ☐ Addition
NAME	NONA SUE HAYES	4.2 NAME	
STREET ADDRESS	508 CANDLEWICK DRIVE	4.3 STREET ADDRESS	↓
CITY-ST-ZIP	PANAMA CITY, FL 32405	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	TJS 5/6/95

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)(k), 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: Sandra F. Givins — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-27-95
Daytime Phone #: (904) 271-8499

04-28-95 10:56AM P02