SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -6 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055063 (9)**

1. Corporation Name

OPEN AIR MARKETS, INC.

Principal Place of Business

913 GULF BREEZE PARKWAY
UNIT 6
GULF BREEZE FL 32561

Mailing Address

913 GULF BREEZE PARKWAY
UNIT 6
GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/25/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 County — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 County — 30

4. FEI Number: 59-3303185 — 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 elected to be governed by Chapter 607 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FLEMING, DAVID L
913 GULF BRREZE PARKWAY
UNIT 6
GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City — FL — 05 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:
Signature of a Current Officer or Director of the Registered Agent Corporation — Signature of Registered Agent (signature required after resigning) — Date

12. OFFICERS AND DIRECTORS

Title	D
Name	FLEMING, DAVID L
Street Address	913 GULF BREEZE PARKWAY UNIT 6
City, St, Zip	GULF BREEZE FL 32561
Title	D
Name	BAYHI, CRAIG M
Street Address	590 RINEHART ROAD
City, St, Zip	LAKE MARY FL 32746

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		
1. Title		☐ Change ☐ Addition
2. Name		
3. Street Address		
4. City, St, Zip		

14. I hereby certify that the information filed with this report is accurately transcribed and does not qualify for the exemptions stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information contained in 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 the name(s) of block 12 or block 13 changed are properly reflected with my initials.

SIGNATURE: David L. Fleming 6/29/95 (904)934-1884
Signature and Typed or Printed Name of Individual Officer or Director — Date — Daytime Phone Number

CR2E034 (3/95)

0121417 CP