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 MAY -1 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000073678 (2)

1. Corporation Name
CELADON'S, INC.

Principal Place of Business	Mailing Address
EMERALD COAST PLAZA, UNIT 7 SANTA ROSA BEACH FL 32459	P.O. BOX 2104 SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified: 10/03/1994
3a. Date of Last Report:
4. FEI Number: 59-3277785 ☐ 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

2. Principal Place of Business: 21 12500 Smith's Antiques Mall Emerald Coast Pkwy.
Suite, Apt. #, etc. 22
City & State 23 Destin, Fla.
Zip 24 32541 Country 25 Walton

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

9. Name and Address of Current Registered Agent

TUCKER, DIANA O
EMERALD COAST PLAZA, UNIT 7
SANTA ROSA BEACH FL 32459

10. Name and Address of New Registered Agent

81 Name: Kathleen Reynolds
82 Street Address (P.O. Box Number is Not Acceptable): 305 Main Street
83
84 City: Destin FL 85 Zip Code: 32541

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: K. Reynolds DATE: 5-1-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D, P, V, T, S ☑ Change ☐ Addition
NAME	TUCKER, DIANA O	1.2 NAME	Eric H. Phinney
STREET ADDRESS	P.O. BOX 2104 N/A	1.3 STREET ADDRESS	705 Gulf Shore Dr., Unit 405
CITY-ST-ZIP	SANTA ROSA BEACH	1.4 CITY-ST-ZIP	Destin, Fla. 32542
TITLE	DST	2.1 TITLE	☐ Change ☐ Addition
NAME	TUCKER, STEPHEN B	2.2 NAME	
STREET ADDRESS	P.O. BOX 2104	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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: E. H. Phinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5/1/95 Daytime Phone #: 9048441099

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