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PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P94000083799 (4)**

1. Corporation Name

**FGN DEVELOPMENT COMPANY, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 1010 FT. PICKENS ROAD<br>PENSACOLA BEACH FL 32561 | PO BOX 1611<br>PENSACOLA BEACH FL 32562<br>US |

| | |
|---|---|
| 2. Principal Place of Business<br>21 913 Gulf Breeze Pkwy | 2a. Mailing Address<br>26 P O Box 1611 |
| Suite, Apt. #, etc<br>22 Harbourtown #44 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Gulf Breeze, FL | City & State<br>28 Gulf Breeze, FL |
| Zip / Country<br>24 32561 / 25 USA | Zip / Country<br>29 32562 / 30 USA |

3. Date Incorporated or Qualified: 11/08/1994

3a. Date of Last Report: 05/01/1995

4. FEI Number: ~~APPLIED FOR~~ XXX — [ ] Applied For [x] 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 [X] No

9. Name and Address of Current Registered Agent

**NORMAN, GEORGE**
**1010 FT. PICKENS ROAD**
**PENSACOLA BEACH FL 32561**

10. Name and Address of New Registered Agent

81 Name: (same person)
82 Street Address (P.O. Box Number is Not Acceptable): 913 Gulf Breeze Pkwy
83 Harbourtown #44
84 City: Gulf Breeze — FL — 85 Zip Code: 32561

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: _____ C. George Norman, Jr. VP 4/30/96
Signature, typed or printed name of registered agent and title if applicable — (Florida Registered Agent signature required when filing) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 1.1 TITLE | [X] Change [ ] Addition |
| NAME | NORMAN, GEORGE | 1.2 NAME | |
| STREET ADDRESS | 1010 FT. PICKENS ROAD | 1.3 STREET ADDRESS | 913 Gulf Breeze Pkwy, #44 |
| CITY-ST-ZIP | PENSACOLA BEACH FL 32561 | 1.4 CITY-ST-ZIP | Gulf Breeze, FL 32561 |
| TITLE | [ ] DELETE | 2.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 3.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 4.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 200001865582 |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | -06/18/96--01118--017 |
| TITLE | [ ] DELETE | 5.1 TITLE | ***200.00 [ ] Change [ ] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | [ ] DELETE | 6.1 TITLE | [ ] Change [ ] Addition |
| NAME | | 6.2 NAME | 5/1/12 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (12/95)

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)(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:** _____ 4/30/96 904-932-7363
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C. George Norman, Jr.