FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B, Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS P95000022225 (3) DOCUMENT # SIESTA HOLDINGS, INC. Principal Place of Business Mailing Address 1201 BIG OAK LANE 1201 BIG OAK LANE SARASOTA FL 34242 SARASOTA FL 34242 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28  $\Box$ Trust Fund Contribution Added to Fees Zip Country Zφ Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ANDERSON, KENT J Street Address (P.O. Box Number is Not Acceptable) 82 8075 S BENEVA ROAD SUITE 6 SARASOTA FL 34238 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registered agent and title if applicants (NOTE: Registered Agent signature required whom renistating) DATE 12. OFFICERS AND DIRECTORS CR2E034 (12/95) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change ☐ Addition NAME SEDACCA, JEFFREY 1.2 NAME 1201 BIG OAK LANE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL 34242 CITY - ST- ZIP 1.4 CITY - \$1 - 7IP TITLE DELFIE 2 1 TITLE Change ☐ Addition SEDACCA, MARK NAME 2.2 NAME 4359 WINNERS CIRCLE STREET ADDRESS 2.3 STREET ADDRESS SARASOTA FL 34238 CITY-ST-ZIP 24 CHY-ST-ZIP TITLE DELFTE 3. 1 TITLE Addition Change NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CHTY-ST-ZIP TITLE T'I DELETE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 200001838292 44 CITY - ST - ZIP TITLE DELETE -05/24/96--01031--081Change 5 F TITLE Addition NAME \*\*\*200.00 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - \$1 - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-7/P 32 6 4 CITY - ST- 2IF 14. I do hereby certify that the information supplied certify that the information vidicated on this annual Ith this filing is voluntarily furnished and doos not qualfy for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further full report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under an an affactiment with an address. idicated on this anni director of the corps

NTED NAME OF SIGNING OFFICER OR DIRECTOR

941 927 1311

oath; that I am an officer appears in Block 12 or B

SIGNATURE: