FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

96 AUG 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000053620

1. Corporation Name
Lagniappe Investment Corporation

Principal Place of Business	Mailing Address
145 Avenue E, Suite 8 Apalachicola, FL 33320	145 Avenue E, Suite 8 Apalachicola, FL 33320

3. Date Incorporated or Qualified: 7/5/95
3a. Date of Last Report:

2. Principal Place of Business
21: 101 Whispering Pines Circ.
Suite, Apt. # etc. 22: Unit 3
City & State 23: Apalachicola, FL
Zip 24: 32329 Country 25: Franklin

2a. Mailing Address
26: P. O. Box 848
Suite, Apt. # etc. 27:
City & State 28: Apalachicola, FL
Zip 29: 32329 Country 30: Franklin

4. FEI Number: 65-0605401 ☐ 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

Overstreet, Deborah M.
475 Harrison Avenue
Panama City, FL 32401

10. Name and Address of New Registered Agent

81 Name: Timothy M. Warner
82 Street Address (P.O. Box Number is Not Acceptable): 221 McKenzie Avenue
83:
84 City: Panama City FL 85 Zip Code: 32401

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: Timothy M. Warner — Timothy M. Warner — 8/15/96
Signature, typed or printed name of registered agent and title if applicable — (Florida Registered Agent's signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Jacob, William A., M.D. 145 Avenue E, Suite 8 Apalachicola, FL 33320	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	D Jacob, William M., M.D. 101 Whispering Pines Circle Apalachicola, FL 32329	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Erskin, Danny 145 Avenue E, Suite 8 Apalachicola, FL 33320	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	D Jacob, Teresa 101 Whispering Pines Circle Apalachicola, FL 32329	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

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: Teresa L. Jacob — Teresa Jacob — 8/15/96 — (904)653-9798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #