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

FILED
Jun 22, 1996 08:00 AM
Secretary of State

DOCUMENT # **P95000088663 (6)**

1. Corporation Name
ASSET RESOURCE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~C/O JAS REALTY, INC.~~ ~~225 MAIN STREET #16~~ ~~DESTIN FL 32541~~	~~C/O JAS REALTY, INC.~~ ~~225 MAIN STREET #16~~ ~~DESTIN FL 32541~~

3. Date Incorporated or Qualified: 11/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 39987 EMERALD COAST PARKWAY
22: Suite, Apt. #, etc.
23: City & State: DESTIN, FLORIDA
24: Zip: 32541
25: Country: OKALOOSA

2a. Mailing Address
26: P.O. Box 5708
27: Suite, Apt. #, etc.
28: City & State: DESTIN, FL
29: Zip: 32540
30: Country: OKALOOSA

4. FEI Number: 59-3345333 — 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

SPURLIN, RICHARD J
C/O HALL & RUNNELS, P.A.
1234 AIRPORT ROAD #106
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Steve Hall
82 Street Address (P.O. Box Number is Not Acceptable): 1234 Airport Rd. Suite 106
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: Steven K. Hall — 6/4/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when not listed) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Sharpe, James A 4233 Marysa Dr. Niceville, FL 32578	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V-President Sharpe, Anne A. 4233 Marysa Dr. Niceville, FL 32578	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Carr, Shannon 4233 Marysa Dr. Niceville, FL 32578	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 900001872839 -06/24/96--01027--006 ***225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 6/22/96

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: James A. Sharpe — James A. Sharpe, Pres. — 6/4/96 — 904 654-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #