2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # P96000026687 1. Entity Name 05-17-2001 91345 044 ***150.00 BAY SEAPLANES, INC. Principal Place of Business Mailing Address 7151 W HWY 98 7151 W HWY 98 **SUITE #206 SUITE #206** PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3384149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent _Name GREGG, DEBORAH F Street Address (P.O. Box Number is Not Acceptable) 7151 W HWY 98 **SUITE #206** PANAMA CITY BEACH FL 32407 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE # when reinstating) it and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) Change ☐ Addition TITLE TITLE ☐ Delete NAME GREGG, RICHARD P JR NAME STREET ADDRESS STREET ADDRESS 7151 W HWY 98 SUITE 206 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 Change TITLE ☐ Delete ☐ Addition NAME GREGG, DEBORAH F NAME STREET ADDRESS STREET ADDRESS 7151 W HWY 98 SUITE 206 CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 ☐ Change ☐ Delete _ . TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 697, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered

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SIGNATURE: 1

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