SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Sep 22 1997 8:00am Secretary of State

DIVISION OF CORPORATIONS 1997 DOCUMENT # P96000031409 (1) ONE BIG DADDY, INC. Principal Place of Business Mailing Address 142 MINUTEMAN CAUSEWAY 142 MINUTEMAN CAUSEWAY COCOA BEACH FL 32931 COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 04/10/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Ee 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KOCH, DALE A 142 MINUTEMAN CAUSEWAY 82 Street Address (P.O. Box Number is Not Acceptable) COCOA BEACH FL 32931 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its regis ered office or registered agent, or both in the State of Florida. Such change has authorized by the corporation's board of directors. I hereby accept the appointment as registered office or registered agent, or both in the agent. I am familiar with, and accept the these authorized by the corporation's board of directors. I hereby accept the appointment as registered 505 Florida Statutes. Registered Agent signature required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13, (4/97)Change DELETE Addition TITLE 1.1 TITLE P·V-T-5 NAME 1.2 NAME DALE A. KOCH STREET ADDRESS 1.3 STREET ADDRESS CODA BC4, FLA. 32931 CITY-ST-ZIP 14 CITY - ST - 7:P DELETE 21 TITLE ☐ Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition ☐ Change TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change noifitbA TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP

14. I do 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 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 is an an officer or director of the corporation or the receiver or trustee empowered to execute his report as required by Chapter 607, Forida Statutes, and that my name t am an officer or director of the corporation or the receiver or trustae appears in Block 12 or Block 13 if changed, or on a rattachment with

CICNATURE: