**FILE NOW: FILING FEE AFTER MAY 1 IS $550.00**

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000068399 (0)

1. Corporation Name
S.O.S. REPAIRS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 10221 WEST EMERALD COAST PARKWAY. SUITE 20<br>DESTIN FL 32541 | 10221 WEST EMERALD COAST PARKWAY. SUITE 20<br>DESTIN FL 32541-4968 |

3. Date Incorporated or Qualified: 08/14/1996
3a. Date of Last Report

2. Principal Place of Business: 21 4430 Hwy 393 South
Suite, Apt. #, etc.: 22 Suite D
City & State: 23 Santa Rosa Beach, FL
Zip: 24 32459  Country: 25 Walton

2a. Mailing Address: 26 P.O. Box 1611
Suite, Apt. #, etc.: 27
City & State: 28 Santa Rosa Beach, FL
Zip: 29 32459  Country: 30 Walton

4. FEI Number: 59-3395924 ☐ 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
KOTKE, DEBBIE
10221 WEST EMERALD COAST PARKWAY, SUITE 20
DESTIN FL 32541

10. Name and Address of New Registered Agent
81 Name: John A. Dunn
82 Street Address (P.O. Box Number is Not Acceptable): 130 Sky High Dune Drive
83
84 City: Santa Rosa Beach FL 85 Zip Code: 32459

11. Pursuant to the provisions of Sec... ...502 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 John A. Dunn — 04-29-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ☐ DELETE | 1.1 TITLE | ☐ Change ☒ Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 2.1 TITLE | Secretary ☐ Change ☒ Addition |
| NAME | | 2.2 NAME | Debbie Kotke |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 10221 W. Emerald Coast Pkwy # 20 |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Destin FL 32541 |
| TITLE | ☐ DELETE | 3.1 TITLE | Vice President ☐ Change ☒ Addition |
| NAME | | 3.2 NAME | John A. Dunn |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 130 Sky High Dune Drive |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Santa Rosa Beach, FL 32459 |
| TITLE | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

CR2E034 (9/96)

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 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: John A. D... 04-29-97 (904) 267-1[illegible]