2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P96000095667 1. Entity Name 241 DEVELOPMENT CORPORATION 05-16-2000 90076 034 ***150.00 Principal Place of Business Mailing Address 1201 N: TARRAGONA N. TARRAGUNA PENSACOLA FL 32501-2658 HS 2. Principal Place of Business 3. Mailing Address <u> 21 E. CARBENST</u> Suite, Apt. #, etc. 21 E CARDEN 51. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number , & State ENSA<u>COCA P</u> 59-3434544 PENSACOLA - FL Not Applicable \$8.75 Additional 5. Certificate of Status Desired ESCAMBIA Fee Required SCAMBIA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELGALLO, STEVEN P. Street Address (P.O. Box Number is Not Acceptable) 1201-N-TARRAGONA PENSACOLA FL 32501--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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Change Delete TITLE WEBSTER, WILLIAM THOMAS NAME NAME 1924 SOUTH ADAMS STREET STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE 21 E. RARDEN ST. SUITEZOO SCHWEIZER, W. TODD NAME 1924 SOUTH ADAMS STREET STREET ADDRESS STREET ADDRESS PENSACOLA, FL 32501 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301~ ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with the filing poes 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 the 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 Instant amount of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all the risks empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 April a

850 469 8799

Daytime Phone #