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FILED
May 13 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 # P96000097687 (3)

1. Corporation Name
SOMETHING FUN, INC.



Principal Place of Business
13063 CHELSEA HARBOR DRIVE SOUTH
JACKSONVILLE FL 32224

Mailing Address
13063 CHELSEA HARBOR DRIVE SOUTH
JACKSONVILLE FL 32224-7443

3. Date Incorporated or Qualified
11/25/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 9965 San Jose Blvd

26 9965 San Jose Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 52

27 52

City & State

City & State

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Zip

Country

Country

24 32257

29 32257

25 Duval

30 Duval

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DREW, RANDALL H
50 N. LAURA STREET
SUITE 2760
JACKSONVILLE FL 32202

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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 D BUTLER, KEVIN ☐ DELETE
NAME
STREET ADDRESS 13063 CHELSEA HARBOR DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32224

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Kevin Butler
1.3 STREET ADDRESS 13927 Heathford Dr.
1.4 CITY-ST-ZIP Jacksonville FL 32224

TITLE D BUTLER, PAULINE ☐ DELETE
NAME
STREET ADDRESS 13063 CHELSEA HARBOR DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32224

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Paulette Butler
2.3 STREET ADDRESS 13927 Heathford Dr.
2.4 CITY-ST-ZIP Jacksonville FL 32224

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 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

10-24-97 10-24-97

10-24-97 10-24-97

CR2E034 (9/96)