2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000021429 Sep 14, 2000 8:00 am 1. Entity Name CRYSTAL SANDS REALTY, INC. Secretary of State 09-14-2000 90013 032 ***550.00 Principal Place of Business Mailing Address 1602 HWY 98 PO BOX 13332 MEXICO BEACH FL 32410 MEXICO BEACH FL 32410 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 59-3446645 Not Applicable Country -- 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 BROWNELL DUREN, ISAAC K. Street Address (P.O. Box Number is Not Acceptable) 101 TIMBER LANE PANAMA CITY FL 32405 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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) 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President JANILE & BROWNell 273 PATRICKST TITLE ☐ Addition TITLE ☐ Delete DUREN, ISAAC K. NAME NAME STREET ADDRESS 101 TIMBER LN STREET ADDRESS CITY-ST-ZIP Beach 31 CITY-ST-ZIP PANAMA CITY FL 32405 Change ☐ Addition TITLE ☐ Delete TITLE NAME **BROWNELL, CLENTON** NAME STREET ADDRESS STREET ADDRESS 273 PATRICIA ST. CITY-ST-ZIP CITY-ST-ZIP MEXICO BEACH FL 32410 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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 other like empowered.

SIGNATURE:

SIGNATURE STOUBNISHED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/0

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Daytime Phone #