2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

with an address, with allother like empowered.

Mar 27, 2002 8:00 am Secretary of State DOCUMENT # P97000026478 1. Entity Name 03-27-2002 90082 028 ***150.00 JOHN D. HUTCHINSON ENTERPRISES, INC. Principal Place of Business Mailing Address 121 STAR DRIVE 121 STAR DRIVE FORT WALTON BEACH FL 32547 FORT WALTON BEACH FL 32547 2. Principal Place of Business 3. Mailing Address 816 Ginedale Rond DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Fort Walton Beach 59-3434790 Fort walton Beach Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 02H Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUTCHINSON, JOHN D JR Street Address (P.O. Box Number is Not Acceptable) 121-STAR DRIVE FORT WALTON BEACH FL 32547 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE Change ☐ Delete TITLE ☐ Addition Hutchinson, John DJr NAME HUTCHINSON, JOHN D JR NAME 816 Pinedale Road STREET ADDRESS 121 STAR DRIVE STREET ADDRESS CITY-ST-7IP FORT WALTON BEACH FL 32547 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME HUTHCINSON, MARGARET A NAME STREET ADDRESS STREET ADDRESS 121 STAR DRIVE CITY-ST-ZIP CITY-ST-ZIP FORT WALTON BEACH FL 32547 TITLE ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition 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

FILED