FILED

2002 UNIFORM BUSINESS REPORT (URR)

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) 6. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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. 8. The above named entity submits this statement for the purpose of changing its registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR TITLE NAME SIRRET ADDRESS STREET ADDRESS STREET ADDRESS OITY-ST-ZIP FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548	MIRACLE STRIP PKWY S.E. WALTON BEACH FL 32548 Icipal Place of Business Ie, Apt. #, etc. Country 6. Name and Address of Current IGHT, BRUCE A HIGHWAY 98	3. Mailing Address Suite, Apt. #, etc. City & State	FL 32548	DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & St	Country 6. Name and Address of Currently GHT, BRUCE A HIGHWAY 98	Suite, Apt. #, etc. City & State Zip	Country	DO NOT WRITE IN THIS SPACE			
City & State Country S. Certificate of Status Desired \$8.75 / Fee Req. \$8.75 / Fee Req. S. Certificate of Status Desired \$8.75 / Fee Req. S. Certificate of Status Desired \$8.75 / Fee Req. S. Certificate of Status Desired \$8.75 / Fee Req. Name HAUGHT, BRUCE A 501 High Way 98 SUITE G DESTIN FL 32541 City FL Zip C 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so. (See criteria on back) Atter May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR 13. TREET ADDRESS CITY-ST-Zip TITLE DIBERT, PRED E IB SIRRET ADDRESS SIRRET ADDRESS CITY-ST-Zip TITLE DIBERT, PATRICIA SIRRET ADDRESS SIRRET ADDRESS SIRRET ADDRESS CITY-ST-Zip Delete TITLE NAME SIRRET ADDRESS SI	Country 6. Name and Address of Currel IGHT, BRUCE A HIGHWAY 98	City & State	Country	4 EEI Number	Œ		
Zip Country Zip Country 59-3508364 Zip Country 5. Certificate of Status Desired \$8.75, Fee Requ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name	GOUNTRY 6. Name and Address of Currently IGHT, BRUCE A HIGHWAY 98	Zip	Country	4. FEI Number 59-3508364			
Signature Sign	6. Name and Address of Current JGHT, BRUCE A HIGHWAY 98		Country	59-3508364			
6. Name and Address of Current Registered Agent HAUGHT, BRUCE A 501 HIGHWAY 98 SUITE G DESTIN FL 32541 City City FL Zip C 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 9. This corporation is eligible to satisfy its Intangible — Tax filing requirement and elects to do so. (See criteria on back) The Address (P.O. Box Number is Not Acceptable) DATE 9. This corporation is eligible to satisfy its Intangible — Tax filing requirement and elects to do so. (See criteria on back) The Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C City The Address (P.O. Box Number is Not Acceptable) City FL Zip C 10. Election Campaign Financing S5 Trust Fund Contribution. Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Total State of Florida. 10. Election Campaign Financing Trust Fund Contribution. Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip C 10. Election Campaign Financing Trust Fund Contribution. Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) The Street Address (P.O. Box Number is Not Acceptable) 10. Election Campaign Financing S5 Trust Fund Contribution. Address of New Registered Agent Agent The Number is Not Acceptable) 10. Election Campaign Financing S5 Trust Fund Contribution. Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) 10. Election Campaign Financing Trust Fund Contribution. Address of New Registered Agent Name Name Trust Fund Contribution. Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 10. Election Campaign Financing Trust Fund Contribution. Name Trust Fund Contribution.	IGHT, BRUCE A HIGHWAY 98	nt Registered Agent		5. Certificate of Status Desired \$8.	Not Applicable 75 Additional		
HAUGHT, BRUCE A 501 HIGHWAY 98 SUITE G DESTIN FL 32541 City City FL Zip C 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 Signature, typed or printed name of registered spent and title if applicable. (NOTE Registered Agent signature arequired when revisating) PATE 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 15. SIRRET ADDRESS CITY-ST-ZIP TOLBERT, PATRICIA 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 TITLE D TOLBERT, PATRICIA 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 TITLE D TOLBERT, PATRICIA 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 TITLE D Delete TITLE NAME Change	HIGHWAY 98						
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B. 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 Signature Signa	'E G			Street Address (P.O. Box Number is Not Acceptable)			
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SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	TIN FL 32541		City	City FL Zip Code			
Change C	TURE	ent and title if applicable. (NOI	ITE: Registered Agent signature requir	red when reinstating) DATE	<u> </u>		
TÎTLE NAME TOLBERT, FRED E III NAME STREET ADDRESS CITY-ST-ZIP TITLE D TOLBERT, PATRICIA STREET ADDRESS CITY-ST-ZIP TOLBERT, PATRICIA NAME CHANGE				Trust Fund Contribution	\$5.00 May Be Added to Fees		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TOLBERT, FRED E III 1500 MIRACLE STRIP PKWY S.E. FORT WALTON BEACH FL 32548 TITLE NAME TOLBERT, PATRICIA STREET ADDRESS CITY-ST-ZIP TOLBERT, PATRICIA NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE Change NAME		ID DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRE	ECTORS IN 11		
NAME STREET ADDRESS CITY-ST-ZIP TITLE TOLBERT, PATRICIA NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change	TOLBERT, FRED E III 1500 MIRACLE STRIP PKWY S	S.E.	NAME STREET ADDRESS		Change 🔲 Addition		
NAME	TOLBERT, PATRICIA 1500 MIRACLE STRIP PKWY S	3.E .	NAME STREET ADDRESS		Change		
CITY-ST-ZIP CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS		Change Addition		
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

2-6-2002

850 - 243 - 9161 Daytime Phone #