2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State
05-21-2001 90376 004 ***150.00

DOCUMENT # P98000017324

1. Entity Name
HANG UPS OF PERDIDO KEY, INC. ✓

Principal Place of Business	Mailing Address

D00055997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
13587 PERDIDO KEY DR.	13587 PERDIDO KEY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PENSACOLA, FL	City & State: PENSACOLA, FL
Zip: 32507 Country: USA	Zip: 32507 Country: USA

4. FEI Number: 59-350-2212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HELEN B. BAGGETT	Name: CARL M. POSTON
14140 SAINT AVE	Street Address (P.O. Box Number is Not Acceptable): 13587 PERDIDO KEY DR.
PENSACOLA, FL 32507	City: PENSACOLA FL Zip Code: 32507

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] CARL M. POSTON 5-8-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

[illegible]

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HELEN B. BAGGETT 55 ANAPHO DR. PENSACOLA, FL 32507 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS CHANGE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL M. POSTON 13587 PERDIDO KEY DRIVE PENSACOLA, FL 32507 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ADDRESS CHANGE ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARL M. POSTON, III 14000 PERDIDO KEY DRIVE HSE PENSACOLA, FL 32507 ☐ Change ☑ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (11/00)

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] CARL M. POSTON 5-8-01 850-492-1050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #