2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR

FILED DOCUMENT # **P98000027933** Feb 16, 2000 8:00 am **Secretary of State** TRADE WINDS OF BAY COUNTY, INC. 02-16-2000 90137 047 ***150.00 Principal Place of Business Mailing Address 11001 FRONT BEACH ROAD 12513 FRONT BEACH RD PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407-3527 2. Principal Place of Business Mailing Address 12513 Front Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-3503751 Not Applicable anamal Country \$8.75 Additional Zip Country 5. Certificate of Status Desired asu Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GHEESLING, JOHN L'SR. Street Address (P.O. Box Number is Not Acceptable) 11001 FRONT BEACH ROAD PANAMA CITY BEACH FL 32407 Zip Code 32407 of changing its registered office or registered agent, or both in the State of Florida. 8. The above named entity nt for the purpo SIGNATURE (NOTE: Registered Agent signature required when reinstating) d title if applicab PILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition 🔼 Delete TITLE Presiden NAME GHEESLING, JOHN L SR. NAME 12513 Front Beach STREET ADDRESS STREET ADDRESS 11001 FRONT BEACH ROAD CITY-ST-ZIP CITY-ST-ZIP <u> 3240 </u> PANAMA CITY BEACH FL 32407 anama ☐ Delete ☐ Change TITLE TITLE NAME And Herri NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Parama City 8th Florida ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 ther like empowered.

LOR DIRECTOR

JOHN GHEELING I