

IMPORTANT INSTRUCTIONS



FILED
Jun 05, 2007 08:00 AM
Secretary of State



Principal Place of Business
 101 CENTRE STREET
 FERNANDINA BEACH FL 32034

Mailing Address
 P.O. BOX 1852
 FERNANDINA BEACH FL 32035

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3549921**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

1st MOORE

CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASCOE, JOHN JOSEPH
 101 CENTRE STREET
 FERNANDINA BEACH FL 32034

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title, applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 D
 HOLLAND, CHRISTOPHER A
 301 SOUTH 16TH STREET
 FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition
 U00000785910
 06/05/07-80002-016 150.00

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
 D
 HOLLAND, MISTI LYNN
 301 SOUTH 16TH STREET
 FERNANDINA BEACH FL 32034 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY- ST- ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Capt. Cris Holland 5-2-07 (904) 753-3123
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #