2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000039550 Mar 15, 2000 8:00 am **Secretary of State** DESTIN LAND & TITLE, INC. 03-15-2000 90040 010 ***150.00 Mailing Address Principal Place of Business 607 HIGHWAY 98 EAST. SUITE B HIGHWAY 98 EAST. SUITE B __: FL 32541 DESTIN FL 32541-2425 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3582816 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HAWKINS, JOHN W ESQ. Street Address (P.O. Box Number is Not Acceptable) MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 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. (66/6) ☐ Change ☐ Addition TITLE □ Delete PD NAME Dana C. Matthews STREET ADDRESS STREET ADDRESS 5 Cahaba Ct. CITY-ST-ZIP CITY-ST-ZIP Destin, FL. 32541 ☐ Addition Change TITLE Delete TITLE John W. Hawkins NAME NAME 57 Country Club Dr. STREET ADDRESS STREET ADDRESS Destin, FL. 32541 CITY-ST-7IP CITY-ST-ZIP VΡ ☐ Delete ☐ Change Addition TITLE NAME Karen Greybill STREET ADDRESS STREET ADDRESS 20 Hickory Avenue CITY-ST-ZIP CITY-ST-ZIP 32579 Shalimar, FL. ☐ Delete TITLE Change Addition TITLE VΡ NAME NAME Lori Ward STREET ADDRESS STREET ADDRESS 106 Lake Lorraine Circle CITY-ST-ZIP CITY-ST-ZIP Shalimar, FL. 32579 ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 tristee 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.

WSE.VICE PROFIDENT

1765M

SIGNATURE A

SIGNATURE:

LAND

PRINTED NAME OF SIGNING OFFICER OF