2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P99000061213 1. Entity Name PANAMA CITY LOCAL'S, INC. 05-14-2001 90060 038 ***150.00 Principal Place of Business Mailing Address 1 EMERALD LAKE DRIVE 1 EMERALD LAKE DRIVE PANAMA CITY BEACH FL 32407 PANAMA CITY BEACH FL 32407 2. Principal Place of Business 3. Mailing Address 307 (=AINWAY B(v)) 307 FAIRWAY BLUD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ANAMA CITY City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2407 U5/ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LENGE E DAULS NABORS, SCOTT R Street Address (P.O. Box Number is Not Acceptable) 456 HARRISON AVENUE PANAMA CITY FL 32401 EMERCH COLORES C BENDER 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 FILE 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, 2001 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. i ☐ Addition Change Change **PCEO** ☐ Delete TITLE DAVIS, DONNA M NAME NAME 397 FAIRWAY BLUD CBEACH EL 3240 STREET ADDRESS STREET ADDRESS 1 EMERALD LK DR. CITY-ST-ZIP CITY-ST-ZIP PANAMA-CITY-BEACH-FL-32407 TITLE ST ☐ Delete TITLE NAME BAILEY, AGNES W NAME STREET ADDRESS STREET ADDRESS 233 EAGLE DR CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY BEACH FL 32407 Addition GEORGE E DAVIS Change TITLE TITLE ☐ Delete 307 FAIRWAY NAME NAME # (EMEXALD CAKE D STREET ADDRESS STREET ADDRESS e bessel of 200 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP

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 SIGNATURE SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR