ANNU	ROFIT PORATION AL REPORT	FL	LORIDA DEPART Sandra B. Secretary DIVISION OF CC	Mortham of State			
DOCUN 1. Corporation I HOLLIN			(5)				
Principal Place c	of Business	Mailing Ac	ddress		 1 10011010 111 018E0 74984 10111 101	10) 1111 0101) 01011 01011 0101 10)	
P O BOX 32 FT WALTON	97 BEACH FL 32547		OX 3297 LTON BEACH FL :	32547			
					3. Date Incorporated or Qualified 04/05/1991	3a. Date of Last R 05/01/19	
2. Principal Plac 21	ce of Business	2a. Mailing 26	Address		4. FEI Number 59-3059278		Applied For Not Applicable
Suite, Apt. #, 22	, etc.	Suite, -	Apt. #, etc.		5. Certificate of Status Desired	+++	Additional Required
City & State		City &	State		6. Election Campaign Financing Trust Fund Contribution	\$5.0	0 May Be d to Fees
Zip 24	Country 25	20 Zip 29		Country	8. This corporation has liability for		
<u></u>	9. Name and Address of C	second and the second sec		81 Name	10. Name and Address of New F		
25 WAL	WALTER J. TER MARTIN RD TON BEACH FL 32548			82 Street Addi 83	ress (P.O. Box Number is Not Acceptat	ole)	
7 (11/1 L				84 City	·	FL 85 Zi	p Code
11. Pursuant to or registerer familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, when re, typed or printed name of registered	Florida. Such change Section 607.0505, F	e was authorized l lorida Statutes.	the above-named corpor	ration submits this statement for the pu rd of directors. I hereby accept the app rd when reinstating. ADDITIONS/CHANGES TO OFF	PL rpose of changing its r pointmont as registered DATE	egistered office agent. I am
11. Pursuant to or registerer familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, spati-re, typed or printed name of registerer OFFICER: D	l Florida. Such change Section 607.0505, F d egent and the ill angleable S AND DIRECTORS	e was authorized l lorida Statutes.	the above-named corpor by the corporation's boa Registered Agent signature respon 13. 1.1 TIFLE	ed of directors. I hereby accept the app	PL rpose of changing its r pointmont as registered DATE	egistered office agent. I am
 Pursuant to or registerer familiar with SIGNATURES 12. 	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	Florida. Such change Section 607.0505, F diagen arc the implicable S AND DIRECTORS RALD M.	e was authorized l lorida Statutes. (NOTE:)	the above-named corpor by the corporation's boa Registered Agent signature rest va 13.	ed of directors. I hereby accept the app	PL rpose of changing its r contrnent as registered DA1E ICERS AND DIRECTO	egistered office agent. I am
11. Pursuant to or registerer familiar with SIGNATURE s 12. INLF NAME	d agent, or both, in the State of , and accept the obligations of, agent re, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF	Florida. Such change Section 607.0505, F d agent arc in a languable S AND DIRECTORS RALD M.	e was authorized l lorida Statutes. (NOTE:)	the above-named corpor by the corporation's boa Registered Agent signature respira 13. 1.1 TIFLE 1.2 NAME	ed of directors. I hereby accept the app	PL rpose of changing its r contrnent as registered DA1E ICERS AND DIRECTO	egistered office agent. I am
11. Pursuant to or registerer familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	Florida. Such change Section 607.0505, F d agent arc in a languable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: 1	the above-named corpor by the corporation's boar Registered Agent signature rest ver 13. 1.1 HTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registerer familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	Florida. Such change Section 607.0505, F dependent for it and cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: 1	the above-named corpor by the corporation's boar Begistered Agent signature respire 13. 1.1 TIFLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TIFLE 2.2 NAME	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registere familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	Florida. Such change Section 607.0505, F dependent for it and cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: 1 DELETE	the above-named corpor by the corporation's boar Registered Agent signature respira 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registere signatures 12. TILE NAME STREL1 ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TILL NAME STREET ADDRESS CITY-ST-ZIP	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F diagon are the illano cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: I DELF IE DELF IE DELF IF	the above-named corpor by the corporation's boar Bopistereo Agent signature response 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registere familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F diagon are the illano cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: 1 DELETE	the above-named corpor by the corporation's boar Repi-tereo Agent signature respire 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registered familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F diagon are the illano cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: I DELF IE DELF IE DELF IF	the above-named corpor by the corporation's boar Repistered Agent signature respon 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registered familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F diagon and the illand cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: I DELF IE DELF IE DELF IF	the above-named corpor by the corporation's boar Repi-tereo Agent signature respire 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TITLE 4.2 NAME	ed of directors. I hereby accept the app	PL	egistered office agent. I am
11. Pursuant to or registered familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F diagon and the illand cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: 1 DELETE DELETE DELETE	he above-named corpor by the corporation's boar Registered Agent signature response 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	ed of directors. I hereby accept the app	PL Introduction pose of changing its r contrment as registered DATE ICERS AND DIRECTO Change Change Change Change Change	egistered office agent. I am
11. Pursuant to or registered familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F d agor arc the ill and cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE:] DELETE DELETE DELETE DELETE	he above-named corpor by the corporation's boar Registered Agent signature respon 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 CITY-ST-ZIP 5.1 TITLE	ed of directors. I hereby accept the app	PL Impose of changing its r cointment as registered DATE ICERS AND DIRECTO Change Change Change Change Change	egistered office agent. I am IRS IN 12 Addition Addition
11. Pursuant to or registered familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F d agor arc the ill and cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: 1 DELETE DELETE DELETE	He above-named corporation's board Projectered Agent signatura response 13. 1.1 THE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 THE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 THE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 THE 4.2 NAME 4.3 STREET ADDRESS 4.4 DITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 THE	ed of directors. I hereby accept the app	PL Introduction pose of changing its r contrment as registered DATE ICERS AND DIRECTO Change Change Change Change Change	egistered office agent. I am
11. Pursuant to or registered familiar with SIGNATURE	d agent, or both, in the State of , and accept the obligations of, agnature, typed or printed name of registere OFFICER: D HOLLINGSWORTH, GEF 203 PATRICK DR	I Florida. Such change Section 607.0505, F d agor arc the ill and cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE:] DELETE DELETE DELETE DELETE	Image: Street Address 1.1 1.2 1.3 1.1 1.2 1.3 1.4 1.3 1.4 1.7 1.8 1.1 1.1 1.2 NAME 1.3 1.4 1.7 2.1 1.1 1.2 1.3 3.1 1.1 1.2 2.1 1.1 1.2 2.1 1.1 2.1 2.1 1.1 2.1 2.1 1.1 1.4 2.1 1.1 1.4 2.1 3.1 3.1 1.1 1.1 3.1 3.1 1.1 1.1 3.1 1.1 1.1 3.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1.1	ed of directors. I hereby accept the app	PL Impose of changing its r cointment as registered DATE ICERS AND DIRECTO Change Change Change Change Change	egistered office agent. I am IRS IN 12 Addition Addition
11. Pursuant to or registere familiar with SIGNATURE	d agent, or both, in the State of and accept the obligations of, speak re, typed or printed name of registerer OFFICER D HOLLINGSWORTH, GEF 203 PATRICK DR FT WALTON BEACH FL	I Florida. Such change Section 607.0505, F diagon and the illand cable S AND DIRECTORS RALD M.	e was authorized I lorida Statutes. (NOTE: I DELETE DELETE DELETE DELETE DELETE voluntarily furnishe	the above-named corporation's board by the corporation's board 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 DITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 DITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4 DITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 DITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE 6 3 STREET ADDRESS 6 4 DITY-ST-ZIP	ed of directors. I hereby accept the app		egistered office agent. I am