FILED					
Feb 11, 2002 8:00 am					
Secretary of State					

DOCUMENT # \$45052  1. Entity Name  HANNA YACHT SERVICE, INC.				Secretary of State 02-11-2002 90153 047 ***150.00
Principal Place 330 MOUNTAIN DOOR 5 DESTIN FL 323	N DR	Mailing Address PO BOX 764 DESTIN FL 32540 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
City & State		City & State		4. FEI Number 59-3063187 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	. Name	7. Name and Address of New Registered Agent
HANNA, TIMOTHY J. 330 MOUNTAIN DR			Street Address	ss (P.O. Box Number is Not Acceptable)
DESTIN FI			City	FL Zip Code
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable  (NOTE: Registered  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    Till E NOW!! FEE After May 1, 2002 Fee   Make Check Payable to D			Fee will be \$550.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
11.	OFFICERS AND DI	<u> </u>	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANNA, TIMOTHY J. 548 CALHOUN DR DESTIN FL 32541	☐ 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 CHY-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

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.

| GNATURE: | SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING DEFICER OR RIPECTOR.

SIGNATURE:

2002 UNIFORM BUSINESS REPORT (UBR)