SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 DOCUMENT # (1)TROON DRIVE 300, INC. Principal Place of Business Mailing Address 34661 EMERALD COAST PARKWAY P.O. BOX 247 DESTIN FL 32541 DESTIN FL 32540 3a. Date of Last Report 3. Date Incorporated or Qualified 07/26/1991 06/13/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3085338 Not Applicable 34951 26 \$8.75 Additional Suite Apt. #. etc. Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Zin Yes No. 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent

Name and Address of Current Registered Agent

DAVAGE J. RUNNELS, JR. 94861 EMERALD COAST PARKWAY

DESTIN FL 32541

34851

THILE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE (NOTE: Registron L'Agent signature responsit when reinstitting). Styrianise it product product name of registerior agent and the if appropries ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TiTLE TITLE CR2E034 DAVAGE J. RUNNELS, JR. 1.2 NAME 106 WAYNELL CIRCLE 1.3 STREET ADDRESS STREET ADDRESS FT. WALTON BEACH FL 1.4 CITY ST - 2IP CITY - S1 - 2IP DELETE Change Addition 2.1 TITLE THILE **CHARLES W. RIGDON** 2.2 NAME NAME 815 E. HIGHWAY 98 2 3 STREET ADDRESS STREET ADORESS **DESTIN FL** 2 4 City - ST- ZiP CHY-ST-ZIP Change Addition DELFTE THILE 31 hitE 3.2 NAME NAME 3.3 STHEET ADDRESS STREET ADDRESS 34 CITY - ST-ZIP CITY - ST-ZIP Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition

5.1.1011.6

5.2 NAME 5.3 STREET ADDRESS

6.1 TULE

6.2 NAME

DELETE

5.4 City - ST-ZIP

6.3 STREET ADDRESS

81 Name

82

84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Fiorida Statutes.

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

Zip Code

☐ Change ☐ Addition

85

6.4 C:TY - ST - ZIP 14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address CITY - ST - ZP

SIGNATURE ANT TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR