SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 31 PM 12: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V22262 (2)

1. Corporation Name
JACK MYRICK ENTERPRISES, INC.

Principal Place of Business
~~522 MARY ESTHER CUT OFF~~
909 MAR WALT DRIVE SUITE 1014
FT. WALTON BCH FL 32548
US

Mailing Address
~~490 PARISH PT.~~
909 MAR WALT DRIVE SUITE 1014
MARY ESTHER FL 32549
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 522 MARY ESTHER COF
Suite, Apt. #, etc.
27 FT. WALTON BEACH, FL
City & State
28 32548 OKALOOSA
Zip 29 Country 30

3. Date Incorporated or Qualified: 03/19/1992
3a. Date of Last Report: 08/17/1994
4. FEI Number: 59-3124284 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE
SUITE 1014
FT. WALTON BEACH FL 32547

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 7-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D ✓
NAME	MYRICK, JACK WILSON
STREET ADDRESS	490 PARISH PT.
CITY-ST-ZIP	MARY ESTER FL
TITLE	D
NAME	MYRICK, LINDA
STREET ADDRESS	490 PARISH PT.
CITY-ST-ZIP	MARY ESTHER FL
TITLE	D
NAME	MYRICK, FRED
STREET ADDRESS	490 PARISH PT
CITY-ST-ZIP	MARY ESTHER FL
TITLE	D
NAME	MYRICK, OLIVE
STREET ADDRESS	490 PARISH PT
CITY-ST-ZIP	MARY ESTHER FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	D	☒ Change ☐ Addition
1 2 NAME	MYRICK, JACK	
1 3 STREET ADDRESS	522 MARY ESTHER CO	
1 4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32548	
2 1 TITLE	D	☒ Change ☐ Addition
2 2 NAME	MYRICK, LINDA	
2 3 STREET ADDRESS	522 MARY ESTHER CO	
2 4 CITY-ST-ZIP	FT. WALTON BEACH 32548	
3 1 TITLE	D	☒ Change ☐ Addition
3 2 NAME	MYRICK, FRED	
3 3 STREET ADDRESS	522 MARY ESTHER CO.	
3 4 CITY-ST-ZIP	FT. WALTON BEACH 32548	
4 1 TITLE	D	☒ Change ☐ Addition
4 2 NAME	MYRICK, OLIVE	
4 3 STREET ADDRESS	522 MARY ESTHER CO.	
4 4 CITY-ST-ZIP	FT. WALTON BEACH FL 32548	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 7-17-95 904-243-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0121200 CP