

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

①

1997 JUL 31 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006519 (0)**  
1. Corporation Name  
**EMERALD COAST MARKETING RESOURCES, INC.**



Principal Place of Business <b>1203 SHIPLEY DR. NICEVILLE FL 32578</b>	Mailing Address <b>1203 SHIPLEY DR. NICEVILLE FL 32578</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> 22. City & State	<b>27</b> 27. City & State
City & State	City & State
<b>23</b> 23. Zip	<b>28</b> 28. Country
Zip	Country
<b>24</b> 24. Zip	<b>25</b> 25. Country
Zip	Country

<b>3.</b> Date Incorporated or Qualified <b>12/13/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>59-3403348</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**COTTINGHAM, GARY R**  
**1203 SHIPLEY DR.**  
**NICEVILLE FL 32578**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PTDC	<input type="checkbox"/> DELETE
NAME	COTTINGHAM, GARY R	
STREET ADDRESS	1203 SHIPLEY DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VSDC	<input type="checkbox"/> DELETE
NAME	COTTINGHAM, SANDRA L	
STREET ADDRESS	1203 SHIPLEY DR.	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

500002260685--4  
-08/07/97--01065--021  
\*\*\*\*165.00 \*\*\*\*165.00

7/31/97

**14.** I do 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 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]* Gary R. Cottingham 850-897-9068

CR2E034 (4/97)

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**ECMR, Inc.**

**Emerald Coast Marketing Resources, Inc.**

1203 Shipleigh Drive  
Niceville, Florida 32578

Telephone 904-897-9068 • Fax 904-897-9069

Gary R. Cottingham  
President

July 18, 1997

Division of Corporations  
Annual Reports Section  
P.O. Box 1500  
Tallahassee, FL 32302-1500

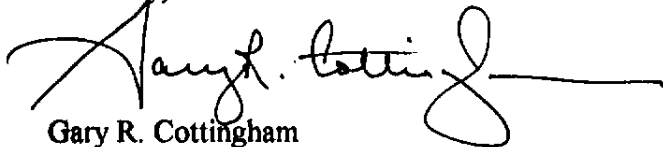
Dear Sir or Madam:

Yesterday I received a "second notice" for filing an annual report with the State of Florida, along with the request for \$550 which includes a \$385 late fee. I was shocked, because I didn't receive, or certainly don't recall receiving the "first notice," which evidently was a request for \$165. Given the fact that Emerald Coast Marketing Resources is a small corporation, newly formed in 1996, I did not know of the existence of the report.

Therefore, I respectfully request that you accept the enclosed check for \$165 as payment in full. This would be a true help to our fledgling corporation.

Thank you for your understanding.

Sincerely,



Gary R. Cottingham

President

/enc.