

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16971 (6)

1. Corporation Name

SHALIMAR OFFICE CENTRE TOWNOFFICE ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR FL 32579
US1 ELEVENTH AVE
SHALIMAR CENTRE' E-2
SHALIMAR FL 32579-1324
US3. Date Incorporated or Qualified
09/24/19863a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

4. FEI Number

59-2885294

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, RICHARD J.
91 COUNTRY CLUB RD.
SHALIMAR FL 32579

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 BOYETT, WAYNE T.
STREET ADDRESS 110 DAVID STREET
CITY-ST-ZIP FT. WALTON BCH FLTITLE D
NAME JONES, C. WAYNE
STREET ADDRESS 110 DAVID STREET
CITY-ST-ZIP FT. WALTON BCH FLTITLE P
NAME DONAVIN, MATTHEW W. III
STREET ADDRESS 804 WEEDEEN ISLAND DR.
CITY-ST-ZIP NICEVILLE FLTITLE D
NAME PANGLE, HERBERT W.
STREET ADDRESS 80 LANMAN RD.
CITY-ST-ZIP NICEVILLE FLTITLE D
NAME ROSE, SHERRY
STREET ADDRESS 10 COUNTRY CLUB RD.
CITY-ST-ZIP FT. WALTON BCH FLTITLE VP
NAME CARNES, FREDERICK
STREET ADDRESS 28 PEBBLE BEACH DR.
CITY-ST-ZIP SHALIMAR FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIPSECRETARY TREASURER / DIRECTOR
RICHARD J. WHITE
91 COUNTRY CLUB ROAD
SHALIMAR, FLORIDA 32579

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

SIGNATURE:

C. Wayne Jones, III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 APRIL, 1997

(904) 8631600

Date

Daytime Phone # 0074718

CR2E037 (9/96)