## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT

1998

MARY ESTHER FL



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

N31195

(3)

## EMERALD COAST REGIONAL MUSTANG CLUB, INCORPORATE

	ŀ	'ILE	L	)
Mar	16	1998	8	8:00am
Se	cret	tary	0	f State

Principal Place of Business  Malling Address P. D. 80X 4431 P. D. 80X 441 P. D. 80X 4431 P. D. 8	D					
P. O. BOX 4431 FORT WALTON BEACH FL 32549 US  2. Principal Place of Business 2. A malling Address 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 3. S	Principal Plac	e of Business	Mailing Address		1 INDIVER AND UNDER HORD HERD ASIDE AND	I BIBIE BIBEE BIBII BIEIL BIBLI 1881
P. O. BOX 4431 FORT WALTON BEACH FL 32549 US  2. Principal Place of Business 2. A malling Address 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 2. Sulle, Apt 4, etc. 2. Principal Place of Susiness 2. Sulle, Apt 4, etc. 3. S	P O BOX 4431		P O BOX 4431		3. Date Incorporated or Qualified	<u></u>
Principal Place of Business   28   Melting Address   27   Melting Address   28   Melting Address   27   Melting Address   27   Melting Address   28   Melting Address   27   Melting Address   28   Melting Address   28   Melting Address   27   Melting Address   28   Melting	P. O. BOX 4431					
Principal Place of Business   2a. Meiling Address   5b. Conflicted of Status Desired   5b. 75 Additional Fee Required   5b. 75 Addits   5b. 75 Additional Fee Required   5b. 75 Additional Fee Requi		I BEACH FL 32549		2549		Applied For
SAMP AS ABOVE	05		Ų0		NOT APPLICABLE	X Not Applicable
SAME AS ABOVE   26   SAME AS ABOVE   27   Suite, Apt. 4, etc.	2. Principal P	lace of Business	2a. Mailing Address		5. Certificate of Status Desired	\$8.75 Additional
Trust Fund Contribution  Added to Fees City & State				OVE	57 Continuate of Otalias Desired	
City & State    City & State   City   Country   Zip	Suite, Apt. #, etc.					
Zip   County   Zip   Restand Property Tax doub June 30.   Yes   No.	City & State					
2p   2s   2s   2s   2s   2s   2s   2s	<del></del>					
9. Name and Address of Current Registered Agent  WILLIAM TAYLOR 402.40 ELEN LANE FT WALTON BCH FL 32547  11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting angiaccept the obligations of, Section 617.0503, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting angiaccept the obligations of, Section 617.0503, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting angiaccept the obligations of, Section 617.0503, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting angiaccept the obligations of, Section 617.0503, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting angiaccept the obligations of, Section 617.0503, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting angiaccept the obligations of, Section 617.0503, Fiorida Statute, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar viting agent. I am familiar viting agent. I am familiar viting agent		Country		Country		
WILLIAM TAYLOR 402 JO ELEN LANE FT WALTON BCH FL 32547  84 City FORT WALTON BEACH FL 85 Zip Code agent. I am familiar with previsions of Sections 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiolida. Such change was authorized by the corporation's board of directors. I hereby accept the epipelinment as registered agent. I am familiar with previsions of Section 617.0502 and 617.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with previsions of Section 617.0503. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with previse spect and file? Replicate Agent is a familiar with previse special and file? Section 617.0503. Florida Statutes.  SIGNATURE  12. CIFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. RETAIL ADDITIONS AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Name  16. Name  17. WALTON BEACH FL  17. WALTON BEACH FL  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	24	—	_ <del>                                    </del>	ō		
WILLIAM TAYLOR 402 JO ELEN LANE FT WALTON BCH FL 32547  84 City FORT WALTON BEACH FL 85 Zip Code 32547  84 City FORT WALTON BEACH FL 85 Zip Code 32547  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 agent. I am familiar with, parabaceept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, parabaceept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, parabaceept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, parabaceept the obligations of, Section 617,0502, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, parabaceept the obligations of, Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, parabaceept the obligations of, Section 617,0502 and 61		9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Register	ed Agent
WILLIAM TAYLOR 402 JO ELEN LANE FT WALTON BCH FL 32547  83  84 City FORT WALTON BEACH FL 8 32547  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named coopcration submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent. I am familiar with purpose of the obligations of, Section 617.0503, Florida Statutes, the above named coopcration submits this statement for the purpose of changing its registered agent. I am familiar with purpose of the obligations of, Section 617.0503, Florida Statutes, the above named coopcration's board of directors. I hereby accept the obligations of, Section 617.0503, Florida Statutes, the above named coopcration's board of directors. I hereby accept the appointment as registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I am familiar with purpose of changing its registered agent. I a				81 Name	RON MARY	
## City FORT WALTON BEACH ## City Fort WALTO	WILLIAM	I TAYLOR		82 Street	Address (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sactione 617 0502 and 617 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, and the maintain with page accept the objection of 7.0503. Florida Statutes, the agent in the purpose of changing its registered agent. I maintain with page agent to the purpose of changing its registered agent. I maintain with page agent to the purpose of changing its registered agent. I maintain with a page agent to the purpose of change its registered agent. I maintain with a page agent to the purpose of change its registered agent. I maintain with a page agent agent. I maintain with a page ag					10 W. MARIAH WAY	· · ·
The provisions of Sections 617,0502 and 617,1508, Florids Statutes, the above-named corporations abunits this table attendent of the purpose of changing its registered office or registered agent, or both, in the State of Florids, Such change was authorized by the corporations aboard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporations aboard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change was authorized by the corporations aboard of directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change by a directors. I hereby accept the appointment as registered agent, or both, in the State of Florids, Such change by a directors. I hereby accept the appointment as registered agent, or both agents. I hereby accept the appointment as registered agent, or both agents. I hereby accept the appointment as registered agent, or both agents. I hereby accept the appointment as registered agent, or both agents. I hereby accept the appointment as registered agent, or both agents. I hereby accept the appointment as registered agent, or both agents agent. I hereby accept the appointment as registered agent, or both agents agent. I hereby accept the appointment as registered agent, or both agents agent. I hereby accept the appointment as registered agent, or both agents agent. I hereby accept the appointment as registered agent, or both agents agent agents. I hereby accept the appointment as registered agent, or both agents agent agents. I hereby accept the appointment as registered agent, or both agents agent agent. I hereby accept the appointment as registered agent, and agents agent agent agents agent agents	FT WAL	TON BCH FL 32547		83		
11. Parturant to the provisions of Sections 617 CSD2 and 617 1508. Floride Statutes, the above-named orporation submits this statement for the purpose of changing its registered office or registered appointment, as registered office or registering of the provision of the state of Fordia. Such change was authorized by the corporation's board of directors. Thereby accept the appointment, as registered office or registering of the provision as registered of the provision of the purpose of changing its registered of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose o		!				
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 have a manufactured agent and floridation of the supplication in the company of the supplication in the supplication in the company of the supplication in the su	44 Ourstant	to the manufacture of Continue 517 050	2 and 617 1509 Elorido Statutos		OILL MILLION DELLON	<b>—</b>
SIGNATURE    12.   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   14.   TITLE   PD   Addition   Addition	office or r	egistered agent, or both, in the State	of Florida. Such change was aut	thorized by the corr	poration's board of directors. Thereby accept the	appointment as registered
Signature, typical or printed registering agent and offer if applicable   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		im familiar with, and accept the obliga	L			la lax
TITLE THE PD XXDELETE 11 THE PD Change DIRECTORS IN 12 THE WILLIAM TAYLOR  AME  WILLIAM TAYLOR  AVE JO ELLEN LANE CITY-ST-2P FORT WALTON BCH FL  14 CITY-ST-2P THE VPD AXDELETE 21 THE VPD ACTORY  ARROW ARE AS DEFORE  THE TO ACTORY  THE TORY  THE TO ACTORY  THE TORY  THE TORY  THE TORY  THE TORY  THE TORY  THE TORY	SIGNATURE _	Signalure, typed or printed name of registered age				<u> </u>
NAME STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME JOEL HERMAN STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME JOEL HERMAN STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAME SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAME SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAME SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE UPD SAME SAME SAME SAME SAME SAME SAME SAME		····				
STREET ADDRESS CITY-ST-ZIP FORT WALTON BCH FL  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP FORT WALTON BCH FL  1.4 CITY-ST-ZIP TITLE WPD JOEL HERMAN 22 NAME STREET ADDRESS 42ND HOLMES BLVD FT. WALTON BEACH FL  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP TITLE TD JOEL HERMAN 22 NAME SAVOIE, DONNA K 32 NAME STREET ADDRESS 1110 RITA LANE NICEVILLE FL  NAME SCHELICH, DOUGLAS STREET ADDRESS CITY-ST-ZIP NAME SCHELICH, DOUGLAS STREET ADDRESS CITY-ST-ZIP TITLE BM SCHELICH, CANTAL TON BEACH, FL 32547 SCHEMANE SCHELICH, ST-ZIP SCHEMANE SCHELICH, ST-ZIP TITLE BM SCHEMANE SCHELICH, ST-ZIP TITLE BM SCHEMANE SCHE	TITLE	PD	XXDELETE	1.1 TITLE	l _	Change Addition
TITLE VPD LAGRET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547  TITLE VPD LAGRET ADDRESS CITY-ST-ZIP FORT WALTON BEACH, FL 32547  TITLE TD LOCATION BEACH FL 20 MARY ESTHER, FL 32569  TITLE TD LOCATION BEACH FL 31 TITLE SAME SAVOIE, DONNA K 32 MAME STREET ADDRESS CITY-ST-ZIP MICEVILLE FL 33 STREET ADDRESS CITY-ST-ZIP MICEVILLE BM SCHELICH, DOUGLAS CITY-ST-ZIP FT. WALTON BEACH FL 32 STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32 STREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32 STREET ADDRESS TREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32 STREET ADDRESS TREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32 STREET ADDRESS TREET ADDRESS TREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL 32 STREET ADDRESS TREET ADDRESS TO ADDRESS TREET ADDRES	NAME	WILLIAM TAYLOR		1.2 NAME		•
TITLE VPD ADELETE 2.1 TITLE VPD KENNY DRISCOLL  STREET ADDRESS CITY-ST-ZIP TITLE TD SAVOIE, DONNA K  STREET ADDRESS CITY-ST-ZIP TITLE BM SCHELICH, DOUGLAS  STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET A	STREET ADDRESS			1.3 STREET ADORESS		22547
NAME STREET ADDRESS CITY-ST-ZIP TITLE TD SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP NICEVILLE FL TITLE BM SAME SCHELICH, DOUGLAS STREET ADDRESS CITY-ST-ZIP TITLE BM SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE BM SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE BM SAME SCHELICH, DOUGLAS STREET ADDRESS CITY-ST-ZIP TITLE BM SAME STREET ADDRESS CITY-ST-ZIP TITLE BM SAME STREET ADDRESS TO SAME STREET ADDRESS STREET ADDRESS TO SAME STREET ADDRESS STREET ADDRESS TO SAME SAME SAME SAME SAME SAME SAME SAME	CITY - ST - ZIP				<u> </u>	
STREET ADDRESS CITY-ST-ZIP TITLE TD DELETE 3.1 TITLE TD SAVOIE, DONNA K STREET ADDRESS CITY-ST-ZIP TITLE BM SCHELICH, DOUGLAS STREET ADDRESS 2.2 NAME SCHELICH, DOUGLAS STREET ADDRESS 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE BM SCHELICH, DOUGLAS STREET ADDRESS 2.72 NE BLESSINGER DR CITY-ST-ZIP TITLE BM STREET ADDRESS CITY-ST-ZIP TITLE BM SCHELICH, DOUGLAS STREET ADDRESS 2.72 NE BLESSINGER DR CITY-ST-ZIP TITLE BM STREET ADDRESS TREET ADD	TITLE		<b>₽</b> ♠ DELETE	•		Change L. Addition
CITY-ST-ZIP FT. WALTON BEACH FL  TITLE  TD  SAVOIE, DONNA K  STREET ADDRESS  CITY-ST-ZIP  TITLE  BM  SCHELICH, DOUGLAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  BM  STREET ADDRESS  CITY-ST-ZIP  TITLE  BM  SCHELICH, DOUGLAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  BM  SCHELICH, DOUGLAS  STREET ADDRESS  CITY-ST-ZIP  TITLE  BM  XXDELETE  4.1 TITLE  BM  ACCHARGE  AGdition  Addition  Addition  Addition  Addition  Addition  Addition  ACCHARGE  ACC	NAME			•		
TITLE TD DELETE SAME AS BEFORE Addition  NAME SAVOIE, DONNA K  STREET ADDRESS 1110 RITA LANE  OCTY-ST-ZIP NICEVILLE FL  TITLE BM SCHELICH, DOUGLAS  STREET ADDRESS 272 NE BLESSINGER DR  CITY-ST-ZIP FT. WALTON BEACH FL  TITLE BM WEINSTOCK, DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NAME WEINSTOCK, DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NAME WEINSTOCK DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NAME WEINSTOCK DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NAME WEINSTOCK DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NAME WEINSTOCK DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NAME WEINSTOCK DIANA  STREET ADDRESS 792 E JOHN SIMS PKWY  NICEVILLER L  SAME AS BEFORE  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITION BEACH FL  ADDITIO	STREET ADDRESS					•
SAVOIE, DONNA K STREET ADDRESS TITLE BM SCHELICH, DOUGLAS STREET ADDRESS CITY-ST-ZIP TITLE BM SCHELICH, DOUGLAS STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL TITLE BM XXDELETE ALCITY-ST-ZIP STREET ADDRESS TITLE BM XXDELETE ALCITY-ST-ZIP STREET ADDRESS TITLE BM XXDELETE STREET ADDRESS TITLE BM XXDELETE STREET ADDRESS TITLE BM XXDELETE STREET ADDRESS TOTY-ST-ZIP NAME WEINSTOCK, DIANA STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME WEINSTOCK, DIANA STREET ADDRESS TOTY-ST-ZIP NAME STREET ADDRESS TOTY-ST-ZIP NAME WEINSTOCK, DIANA STREET ADDRESS TOTY-ST-ZIP NAME STREET			DOUGTE			
STREET ADDRESS CITY-ST-ZIP NICEVILLE FL  3.3 STREET ADDRESS CITY-ST-ZIP NICEVILLE FL  3.4 CITY-ST-ZIP  NAME SCHELICH, DOUGLAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. WALTON BEACH FL  4.2 NAME 4.2 NAME RON SAVOIE 1110 RITA LANE RON SAVOIE 11110 RITA LANE STREET ADDRESS NICEVILLE, FL 32578  Change LAddition RAME WEINSTOCK, DIANA STREET ADDRESS TYPE E JOHN SIMS PKWY STREET ADDRESS TITLE TYPE E JOHN SIMS PKWY STREET ADDRESS TYPE E JOHN SIMS PKWY STREET ADDRESS TITLE TYPE E JOHN SIMS PKWY STREET ADDRESS THE E JOHN SAVOIE THE BM TO ADDRESS TO ADDRESS THE E JOHN SAVOIE THE BM TO ADDRESS THE E JOHN SAVOIE THE BM TO ADDRESS TO ADDRESS TO ADDRESS THE E JOHN SAVOIE THE BM TO ADDRESS TO ADDRESS THE E JOHN SAVOIE THE BM TO ADDRESS TO		I I I	☐ nettel¢			C cuange C Addition
NICEVILLE FL  TITLE  BM  SCHELICH, DOUGLAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE  BM  4.2 NAME AS STREET ADDRESS CITY-ST-ZIP  FT. WALTON BEACH FL  XXDELETE  XXDELETE  XXDELETE  XXDELETE  S1.1 TITLE  BM  WEINSTOCK, DIANA STREET ADDRESS TYSE JOHN SIMS PKWY STREET ADDRESS TYSE JOHN SIMS PKWY STREET ADDRESS TITLE  MCEVILLEF L  XXDELETE  S.4 CITY-ST-ZIP  FORT WALTON BEACH, FL  3.2 5.4 7  Change  Addition  XXDELETE  S.4 CITY-ST-ZIP  FORT WALTON BEACH, FL  3.2 5.4 7  Change  Ch		- · · · · · · · · · · · · · · · · · · ·			SAME AS DEFURE	
TITLE BM XX DELETE 4.1 TITLE BM ACCHANGE CADDITION  NAME SCHELICH, DOUGLAS 4.2 NAME RON SAVOIE  STREET ADDRESS 272 NE BLESSINGER DR 4.3 STREET ADDRESS 1110 RITTA LANE  CITY-ST-ZIP FT. WALTON BEACH FL 4.4 CITY-ST-ZIP NICEVILLE, FL 32578  TITLE BM XX DELETE 5.1 TITLE BM ACCHANGE CADDITION  NAME WEINSTOCK, DIANA 5.2 NAME WILLIAM TAYLOR  STREET ADDRESS 792 E JOHN SIMS PKWY 5.3 STREET ADDRESS 402 JOELLEN LANE  CITY-ST-ZIP NICEVILLEF L 5.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32547  TITLE BM XX DELETE 6.1 TITLE BM CHANGE CADDITION  NAME KENNETH DRISCOLL 6.2 NAME RAY GRATER	•					
SCHELICH, DOUGLAS STREET ADDRESS 272 NE BLESSINGER DR GITY-ST-ZIP FT. WALTON BEACH FL  XXDELETE			₩ DFI FTF		DM	Change L. J. Addition
STREET ADDRESS  272 NE BLESSINGER DR FT. WALTON BEACH FL  11TLE BM WEINSTOCK, DIANA STREET ADDRESS WEINSTOCK, DIANA STREET ADDRESS CITY-ST-ZIP NCEVILLEF L  11TLE BM WILLIAM TAYLOR 5.3 STREET ADDRESS 4.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32,547  TITLE BM XX DELETE 5.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32,547  Change LAddition Change LAddition RAME RAY GRATER RAY GRATER			AA		1	A.C. and Janes
CITY-ST-ZIP  FT. WALTON BEACH FL  1/1 A CITY-ST-ZIP  NICEVILLE, FI 32578  1/2 A CITY-ST-ZIP  NAME  WEINSTOCK, DIANA  STREET ADDRESS  792 E JOHN SIMS PKWY  NICEVILLEF L  1/3 A CITY-ST-ZIP  NICEVILLEF L  1/4 CITY-ST-ZIP  S2 NAME  MILLIAM TAYLOR  5.3 STREET ADDRESS  4 0 2 JOELLEN LANE  FORT WALTON BEACH, FL 32547  1/4 City-ST-ZIP  FORT WALTON BEACH, FL 32547  1/4 City-ST-ZIP  MALTON BEACH, FL 32547  1/4 City-ST-ZIP  NAME  KENNETH DRISCOLL  6.2 NAME  RAY GRATER  RAY GRATER						
TITLE BM XX DELETE 5.1 TITLE BM WEINSTOCK, DIANA 52 NAME WILLIAM TAYLOR  STREET ADDRESS 792 E JOHN SIMS PKWY 5.3 STREET ADDRESS 6.4 CITY-ST-ZIP FORT WALTON BEACH, FL 32547  TITLE BM XX DELETE 6.1 TITLE BM Change L'Addition  NAME KENNETH DRISCOLL 6.2 NAME RAY GRATER						
NAME WEINSTOCK, DIANA  STREET ADDRESS CITY-ST-ZIP  NCEVILLEF L  XX DELETE  NAME  WILLIAM TAYLOR  4 0 2 JOELLEN LANE FORT WALTON BEACH, FL 32547  ***ENNETH DRISCOLL**  KENNETH DRISCOLL**  KENNETH DRISCOLL**  S2 NAME  52 NAME  52 NAME  52 NAME  52 NAME  S3 STREET ADDRESS 54 CITY-ST-ZIP FORT WALTON BEACH, FL 32547  ***ENNETH DRISCOLL**  KENNETH DRISCOLL**  RAY GRATER  RAY GRATER	•		XX DELETE			Change Addition
STREET ADDRESS 792 E JOHN SIMS PKWY NCEVILLEF L  NCEVILLEF L  S.3 STREET ADDRESS 5.4 CITY-ST-ZIP  FORT WALTON BEACH, FL 32547  ITITLE BM  KENNETH DRISCOLL  S.3 STREET ADDRESS 6.4 CITY-ST-ZIP  FORT WALTON BEACH, FL 32547  KENNETH DRISCOLL  S.4 CITY-ST-ZIP  BM  RAY GRATER  RAY GRATER			••••			171
CITY-ST-ZIP NCEVILLEF L  SACITY-ST-ZIP FORT WALTON BEACH, FL 32547  TITLE BM XX DELETE BM KENNETH DRISCOLL  SACITY-ST-ZIP FORT WALTON BEACH, FL 32547  KENNETH DRISCOLL  SACITY-ST-ZIP FORT WALTON BEACH, FL 32547  KENNETH DRISCOLL  SACITY-ST-ZIP FORT WALTON BEACH, FL 32547  KANDELETE BM RAY GRATER  SACITY-ST-ZIP FORT WALTON BEACH, FL 32547						
TITLE BM XX DELETE 6.1 TITLE BM RAY GRATER  NAME KENNETH DRISCOLL  6.2 NAME RAY GRATER  DOLL RAY GRATER	· ·				FORT WALTON BEACH, FL	32547
NAME KENNETH DRISCOLL 52 NAME RAY GRATER			XX DELETE			
DOLLEY OF THE PARTY OF THE PART			_		1	it.
	STREET ADDRESS	208 OAKDALE AVE		6.3 STREET ADDRESS		

MARY ESTHER, FL 32569 CITY-ST-ZIP 14. 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 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 autocomment with an address.

6.4 CITY-ST-ZIP

2/0/00 00 012 1916