## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300002551 (8)

KEVIN HALL & COMPANY, INC.

D.I. all Dis		A STATE OF THE STA			###  1001 B1104 B116  [EB1 1001
Principal Place of Business Mailing Address					
1 DESTIN FL 32540 PKWY P O BOX 878 DESTIN FL 32540 DESTIN FL 32541					
US	2070	US		DO NOT WRITE IN THIS SPACE	
		•••		3. Date Incorporated or Qualified	
]				01/07/1993	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	_	26		59-3155732	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		2. Obtainda of Glaids Desired	Fee Required
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	
24	25 9. Name and Address of Curren		30	Personal Property Tax due June 30.  10. Name and Address of New Registere	Yes No
LIA		t Hobistolen want	81 Name	IV. Italiio aliu Audiose Di Italii nagistaja	u Agoin
HITH AMERICAN COAST DIAW					
11714-40951-EMERALD COAST PKWY WEST Switz #102			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DESTIN FL 32541  Switz # 102  82 Street Addre  83 83 84 City					
_					
1 00x4	- office change	d and addess	84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0	2 and 607 1508 Florida Statute	s the above-named co	rporation submits this statement for the purpose	
I office or a	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au	uthorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
· ·	ant latilinal with, and accept the obliga	itions or, Section 607.0505, Fior	ida siaidies.		
SIGNATURE	Signature, typed or printed name of registered age	nt and little if applicable (NOTE	Registered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	HALL, KEVIN P		1.2 NAME		
STREET ADDRESS	203 DOMENICA CIR, EAST		1.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		1.4 City-St-ZiP		
TITLE	VS	☐ DELETE	2.1 TITLE		Change Addition
NAME	WEST, LINDA H	_	2.2 NAME		İ
STREET ADDRESS	203 DOMENICA CIRCLE, EAS	T	2.3 STREET ADDRESS		
CITY-ST-ZIP	NICEVILLE FL		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	Γ		3.3 STREET ADDRESS		Į
CITY-ST-ZIP			3.4. CITY-ST-2(P		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 in changed, or on an attachment with an address.

6.4 City-ST-ZiP

**5.3 STREET ADDRESS** 

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

MATURE.

■ DELETE

1/1000

Change

Addition

**FILED** 

Apr 24 1998 8:00am

Secretary of State