

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # P96000057189 (8)**

1. Corporation Name  
**1ST RESORT MAINTENANCE, INC.**



Principal Place of Business: **7 CEDAR RIDGE WAY  
NICEVILLE FL 32578**  
Mailing Address: **POST OFFICE BOX 845  
NICEVILLE FL 32588-0845**

3. Date Incorporated or Qualified: **07/05/1996**      3a. Date of Last Report  
4. FEI Number: **59-3394117**      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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

**9. Name and Address of Current Registered Agent**

**BODIE, CYNTHIA K  
7 CEDAR RIDGE WAY  
NICEVILLE FL 32578**

**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

Sign in ink, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

|                 |                                 |
|-----------------|---------------------------------|
| 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 |                                 |
| TITLE           | <input type="checkbox"/> DELETE |
| NAME            |                                 |
| STREET ADDRESS  |                                 |
| CITY - ST - ZIP |                                 |

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

|                    |                     |  |
|--------------------|---------------------|--|
| 11 TITLE           | President           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME            | Kenneth E. Miles    |  |
| 13 STREET ADDRESS  | 1437 Cypress        |  |
| 14 CITY - ST - ZIP | Niceville, FL 32578 |  |
| 21 TITLE           | VICE - President    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | Richard S. Bodie    |  |
| 23 STREET ADDRESS  | 7 Cedar Ridge Way   |  |
| 24 CITY - ST - ZIP | Niceville, FL 32578 |  |
| 31 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |                     |  |
| 33 STREET ADDRESS  |                     |  |
| 34 CITY - ST - ZIP |                     |  |
| 41 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME            |                     |  |
| 43 STREET ADDRESS  |                     |  |
| 44 CITY - ST - ZIP |                     |  |
| 51 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |                     |  |
| 53 STREET ADDRESS  |                     |  |
| 54 CITY - ST - ZIP |                     |  |
| 61 TITLE           |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |                     |  |
| 63 STREET ADDRESS  |                     |  |
| 64 CITY - ST - ZIP |                     |  |

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: **X Richard S. Bodie**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/97** (904) **729-8677**  
Date Daytime Phone #

CR2E034 (9/96)