

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000079173 (9)

1. Corporation Name

EMERALD COAST ENTERPRISES OF PACE, FLORIDA, INC.



Principal Place of Business

**4475 COASTAL LANE
PACE FL 32571
US**

Mailing Address

**4475 COASTAL LANE
PACE FL 32571
US**

3. Date Incorporated or Qualified
11/12/1993

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3208229

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCLEOD, GLENN
4563 CHUMUCKLA HIGHWAY
PACE FL 32571**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D SMITH, KATHERIN M**
STREET ADDRESS **5100 HIGHWAY 4**
CITY - ST - ZIP **JAY FL 32565**

TITLE ☐ DELETE
NAME **D SMITH, C D**
STREET ADDRESS **5100 HIGHWAY 4**
CITY - ST - ZIP **JAY FL 32565**

TITLE ☐ DELETE
NAME **D MCLEOD, GLENN**
STREET ADDRESS **4841 ROYAL PINE DRIVE**
CITY - ST - ZIP **PACE FL**

TITLE ☐ DELETE
NAME **D MCLEOD, PANSY**
STREET ADDRESS **4563 CHUMUCKLA HIGHWAY**
CITY - ST - ZIP **PACE FL 32571**

TITLE ☐ DELETE
NAME **D BROCKWAY, LARRY**
STREET ADDRESS **4841 ROYAL PINE DRIVE**
CITY - ST - ZIP **PACE FL**

TITLE ☐ DELETE
NAME **D BROCKWAY, GAIL**
STREET ADDRESS **1311 GREENLEAF DRIVE**
CITY - ST - ZIP **PACE FL 32571**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

4841 ROYAL PINES DRIVE

1311 GREENLEAF DRIVE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Katherin M. Smith President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13-27-96 904/675-6239
Date Daytime Phone

CR2E034 (12/95)