

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90014 028 ***150.00

DOCUMENT # P96000062015

1. Entity Name

DESTIN BANCSHARES, INC.



Principal Place of Business

**2000 NINETY-EIGHT PALM BLVD
DESTIN FL 32541**

Mailing Address

**PO BOX 248
DESTIN FL 32540**

54038673



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3408180**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BURGE, FRANK
125 MAIN ST
DESTIN FL 32541-2501**

Name

BURGE, FRANK

Street Address (P.O. Box Number is Not Acceptable)

2000 NINETY-EIGHT PALMS BLVD

City

DESTIN,

FL

Zip Code
32541

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

FRANK BURGE

4/20/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARR, FREDDY
10 DANBERRY CT
NICEVILLE FL 32578** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILSON, DEWEY C JR
9563 HWY 83
DEFUNIAK SPRINGS FL 32433** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CLAY, RONNY A
705 GULF SHORE DR, #104
DESTIN FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCD
BURGE, FRANK
522 WALTON WAY
DESTIN FL 32541** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
YOUNG, THELBERT
526 BAYVIEW ST
DESTIN FL 32541** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LOGAN, KEVIN
1522 MACK BAYOU RD.
SANTA ROSA BEACH, FL 32549** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RIGGS, STEPHEN C
8 SHADY LANE DR
MARY ESTHER FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

FRANK BURGE

4/20/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment

54038673

P96000062015

11. Cont'd

ADD:

D

ARTHUR, JAMES M. MD
ONE MERCY LANE SUITE 502
HOT SPRINGS, ARKANSAS 71913

D

RIGDON, CHARLES
232 MATTIE'S WAY
DESTIN, FL 32541
