

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 # 153536 (8)

1. Corporation Name

FOUR MILE VILLAGE, INC.

FILED  
Jan 26, 1996 08:00 AM  
Secretary of State



Principal Place of Business

Mailing Address

401 VILLAGE RD  
4 MILE VILLAGE  
SANTA ROSA BEACH FL 32459  
US

401 VILLAGE RD  
SANTA ROSA BEACH FL 32459  
US

2. Principal Place of Business

2a. Mailing Address

21 Site, Apt. #, etc.

26 Site, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/24/1947

3a. Date of Last Report

01/19/1995

4. FEI Number

59-0638664

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

10. Name and Address of New Registered Agent

WRIGHT, J. P.  
401 VILLAGE RD  
4 MILE VILLAGE  
SANTA ROSA BEACH FL 32459

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 the name of the corporation

(If the Registered Agent Signature is typed, it must be signed)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
TSD	WRIGHT, J. P.	FOUR MILE VILLAGE	SANTA ROSA BCH. FL	<input type="checkbox"/>
VD	DUGAS, WAYNE	261 VILLAGE BEACH RD W	SANTA ROSA BEACH FL	<input type="checkbox"/>
PD	LANGSTAFF	6001 ANDOVER DRIVE	NASHVILLE TN	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	DELETE
SD				<input type="checkbox"/>
PD				<input type="checkbox"/>
VD	Lambert, Hugh	530 S. Peters St	New Orleans, Louisiana 70130	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

14. I do hereby certify that the information supplied with this form 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J.P. Wright

1/20/96

904-267-3407

CR2E034 (12/95)