

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 322468 (0)

1. Corporation Name

EMERALD COAST INVESTMENTS OF NORTHWEST FLORIDA,
INC.



Principal Place of Business

FIRST NATIONAL BANK
29 EGLIN PARKWAY
FT WALTON BEACH FL 32548

Mailing Address

FIRST NATIONAL BANK
29 EGLIN PARKWAY
FT WALTON BEACH FL 32548

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1967

3a. Date of Last Report

05/23/1995

4. FEI Number

59-1493975

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$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

BEASLEY, J LARRY
29 N EGLIN PKWY
FT WALTON BEACH FL 32549

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME TRINGAS JAMES J
STREET ADDRESS 29 EGLIN PARKWAY
CITY-ST-ZIP FT WALTON BEACH FL

TITLE D ☐ DELETE
NAME TRINGAS, JOHN J.
STREET ADDRESS 29 EGLIN PARKWAY
CITY-ST-ZIP FT WALTON BEACH FL

TITLE PDT ☐ DELETE
NAME BEASLEY, J. LARRY
STREET ADDRESS 29 EGLIN PARKWAY
CITY-ST-ZIP FT. WALTON BEACH FL

TITLE V ☐ DELETE
NAME GIBSON, SCOTT J
STREET ADDRESS 29 EGLIN PKWY
CITY-ST-ZIP FT WALTON BCH FL

TITLE D ☐ DELETE
NAME TRINGAS, ALEX J
STREET ADDRESS 29 EGLIN PKWY
CITY-ST-ZIP FT WALTON BCH FL

TITLE D ☐ DELETE
NAME GARRIGAN, LARK T
STREET ADDRESS 29 EGLIN PKWY
CITY-ST-ZIP FT WALTON BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

J. LARRY BEASLEY

4/16/96

904/243-7111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)