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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 432770

(6)

## PARK RESORT DEVELOPMENT COMPANY

Drive and Diagraph of Chairman									
Principal Place of Business Mailing Address  MALA WEST 2000 STREET							******	********	
011-C WEST 23RD STREET P. O. BOX 2493		011-C WEST 23RD STREET P. O. BOX 2493					•		
PANAMA CITY	FL 32402	PANAMA CITY FL 3240	PANAMA CITY FL 32402-2493			5. Data languages of as Outsidian	I en Data al	Last Da	
					į	3. Date Incorporated or Qualified 08/15/1973	3a. Date of 04/29/1		port
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			plied For
21		26				59-1502578		Not	Applicable
Suite, Apt. #	t, etc	Suite. Apt. #, etc.				5. Certificate of Status Desired	, -	1.75 A	dditional guired
City & State		City & State		• • • • • • • • • • • • • • • • • • • •		6. Election Campaign Financing			May Be
23		28				Trust Fund Contribution	,	dded to	
Zip	Country	Z <sub>1</sub> p	Cou	ıntry		8. This corporation has liability for it			199.032,
24	25	29	30	T			Yes No		
	9. Name and Address of Currer	nt Registered Agent		81 Name		10. Name and Address of New Rec	istered Agent		
	SP, DONALD R.			Nami	;				
731 DRIFTWOOD DRIVE				82 Stree	Address (P.O. Box Number is Not Acceptable)				
LYN	N HAVEN FL 32444			83					
				84 City			FL 85	Zip C	ode
11. Pursuant le	o the provisions of Sections 607 050	12 and 607.1508. Florida Stat	tutes, the a	L L bove-name	d corpora	ation submits this statement for the p		aina its	registered
office or re	egistered agent, or both, in the State	of Florida, Such change wa	s authorize	d by the co	rporation	's board of directors. I hereby accep	the appointm	ent as r	registered
-	maumar with, and accept the oblig	anons of, Section 607.0505,	riunua sta	iules.					
SIGNATURE	Signatur Typed or prain dimane of redisteted ag	evit and the stappocable. (N	IOTE: Registere	d Agent signatu	re required v	when reinstating)	DATE		
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12
TITLE	STD	☐ DELETE	1.1 T	ITLE	T			hange	Addition
NAME	MEDLOCK, G. WILLIAM		12 N	AME.					
STREET ADDRESS	710 HUNTINGDON ROAD		1.3 \$	TREET ADDRESS					
CITY+ST-ZIP	PANAMA CITY FL		1.4 0	(TY - ST - ZIP					
TiffLE	PD	DELETE	217	ITLE			· [] 0	hange	Addition
NAME	CRISP,DONALD R.		2.2 N	AME					
STREET AUDRESS	731 DRIFTWOOD DRIVE			TREET ADDRESS	:	<i>X</i> :			
CF* - S1 - 76*	LYNN HAVEN FL	Locuste		CITY - ST - ZIP	-				Addition
THLE	VD	L DELETE	311		-		LIV	hange	
NAME	CRISP JR, D RAY		32 N						
STREET ADDRESS	139 CANDLEWICK CIR			TREET ADDRESS	•				
CHV - \$1 - 7151	PANAMA CITY FL	DELETE	3.4 ( 4.1 T	CITY - ST - ZIP	<del></del>		<u> </u>	hange	Addition
TOTALE NAME		[] OLLETE		IILE NAME			(	nange	Naumon
				vange Treet addres:					
STREET ADDRESS				HTY-ST-ZIP					
CCTY+ST+7:P TIFLE		DELETE	5.1 T					hange	Addition
NAME			5.1 N				۷ فیست		
STREET ADDRESS				TREET ADDRESS	;				
CHY-S1-ZiP			i i	SITY-ST-ZIP					
TILE		DELETE	6.1 1		<b></b>			hange	Addition
NAME			6.21	IAME	1				
STREET ADDRESS	•		635	STREET ADDRES	;				
CITY-ST-Z.P			6.4 (	CITY-ST-ZIP					
14. I do heret	ny certify that the information supplied	ed with this filling does not qu	ialify for the	exemption	stated in	Section 119.07(3)(i), Florida Statute y signature shall have the same lega	s. I further certi	fy that f	the
Lam an of	a indicated on this arnual report or flicer or director of the corporation o n Block 12 or Block 13 it changed o	r the receiver or trustee emp	powered to	execute thi	s report a	y signature shall have the same lega s required by Chapter 607, Florida S	tatutes; and th	at my n	ame

DONALD R. CRISP

1/9/97

Date

904 763-2399 Daytime Phone #