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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **665034** (5)

1. Corporation Name
FORT WALTON BEACH RESORT PROPERTIES, INC.

Principal Place of Business	Mailing Address
909 SANTA ROSA BLVD **FT WALTON BCH FL 32548**	**909 SANTA ROSA BLVD** **FT WALTON BCH FL 32548-5979**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **03/31/1980**
3a. Date of Last Report: **03/11/1996**
4. FEI Number: **59-2060831** ☐ 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

JENSEN, JO ANN
365 MARIE CIRCLE NW
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name: SCOTT H. JENSEN
82 Street Address (P.O. Box Number is Not Acceptable): 359 EVERGREEN PLACE
83
84 City: DESTIN FL 85 Zip Code: 32541

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: PRES./SCOTT H. JENSEN, PRES. DATE: 3-14-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	☐ DELETE	1.1 TITLE	VICE-PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	JENSEN, JO ANN		1.2 NAME	JO ANN JENSEN	
STREET ADDRESS	365 MARIE CIRCLE NW		1.3 STREET ADDRESS	925 WHALK CT. #10	
CITY-ST-ZIP	FT WALTON BEACH FL 32548		1.4 CITY-ST-ZIP	FT. WALTON BCH, FL. 32548	
TITLE	ST	☐ DELETE	2.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	JENSEN, SCOTT H		2.2 NAME	SCOTT H. JENSEN	
STREET ADDRESS	359 EVERGREEN PLACE		2.3 STREET ADDRESS	359 EVERGREEN PLACE	
CITY-ST-ZIP	DESTIN FL		2.4 CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE		☐ DELETE	3.1 TITLE	SECRETARY/TREASURER	☐ Change ☒ Addition
NAME			3.2 NAME	CORRIE L. JENSEN	
STREET ADDRESS			3.3 STREET ADDRESS	359 EVERGREEN PLACE	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	DESTIN, FL. 32541	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: PRES./SCOTT H. JENSEN, PRES. 3-14-97 904-664-6882