FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 692553

1. Corporation											
THE GU	LDEN ANCHOR, INC.					e 100 lin Grass Shark and hi dring night first		8 31 819 11 f	MAIL BIG	I) GIBIT IBEL	
Principal Place of Business Mailing Address											
Principal Place of Business Mailing Address						I INTERIO ENTE INTERIOR DICEI ENTE ENTE	#1#11 # 11	JII 8181) 4	.1811 615		
9104 FRONT BEACH ROAD 9104 FRONT BEACH ROAD). () **=	
PANAMA CITY BEACH FL 32407-4029 PANAMA CITY BEACH FL 3			!407-402 9			DO NOT WRITE IN	THIS	SPACE			
						3. Date Incorporated or Qualifed	Inio	- ACL			
						06/12/1981					
2 Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number Applied For					
-	ace of Business	26				59-2152223 Not Applica					
Suite, Apt.	# etc.	Suite, Apt. #, etc.						\$8.7	1	Iditional	
22		27				5. Certificate of Status Desired			e Req		
City & State		City & State				6. Election Campaign Financing \$5.00 May Be					
23		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip Country				8. This corporation owes the current year Intangible					
24	25	29	9 30			Personal Property Tax. Yes No				No	
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Regist	ered /	\gent			
				81	Name						
	NSTON, JAMES P.		ŀ	82	Street Addr	ess (P.O. Box Number is Not Acceptable)					
	WINONA DRIVE		į								
PAN	AMA CITY FL 32405			83							
	-		ŀ	84	City			85	Zip Co	ode	
					•		<u>FL</u>				
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligate	of Florida, Such change was all	thorized	hv tr	named corp he corporation	oration submits this statement for the purpoon's board of directors. I hereby accept the	se of a appoir	changin ntment a	g its re us regi:	egistered stered	
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE:				Agent s	signature required	d when reinstating) DA		D DIDE	CTOB	C IN 12	
12.	OFFICERS AND DIRECTORS DELETE				 _	ADDITIONS/CHANGES TO OFFICER	(O AIN	Cha		Addition	
TITLE	P INDIAN INVESTOR	C) Derese	1.1 TIT							٠, ۱,۷۷	
NAME	JOHNSTON, JAMES P.			1.2 NAME							
STREET ADDRESS	113 HENRY AVENUE		1.3 STREET ADDRESS			•					
*CITY-ST-ZIP	PANAMA CITY BCH FL 32413	DELETE		1.4 CITY-ST-ZIP				[] Cha	nae	Addition	
TITLE	-		2.2 NAME						- -		
NAME	JOHNSTON, IRIS G.				ADDDECC						
STREET ADDRESS	113 HENRY AVENUE		-		ADDRESS					ļ	
CITY-ST-ZIP	PANAMA CITY BCH FL 32413	☐ DELETE	2. 4 CF		- ZIP			Cha	inge	Addition	
TITLE			3.2 NA					_	•		
NAME			4		LODOERE						
STREET ADDRESS			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP								
CITY-ST-ZIP		☐ DELETE	4.1 TIT		-ZIP			☐ Cha	nge	Addition	
TITLE			4. 2 NA					_	•	_	
NAME					ADDRESS					}	
STREET ADDRESS										Ì	
CITY-ST-ZIP TITLE			_	4.4 CITY-ST-ZIP 5.1 TITLE				☐ Cha	inge	Addition	
NAME			5.2 NA		-						
					ADORESS						
STREET ADDRESS			5.4 CIT								
CITY-ST-ZIP		☐ DELETE	6.1 TIT		<u> </u>			☐ Cha	inge	Addition	
NAME			6.2 NA	ME						ļ	
OTDEET ADDRESS	}		6.3 STI	REET #	ADDRESS					ì	

CITY-ST-ZIP 14. 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 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) with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90098 028 ***150.00