SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 17, 1999 8:00 am
Secretary of State
08-17-1999 90013 046 ****70.00
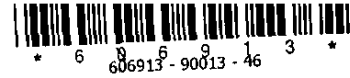
DOCUMENT # 712468

1. Corporation Name

INLET BEACH WATER SYSTEM, INC.

Principal Place of Business	Mailing Address
99 N. WALL ST.	117 N. WALL ST.
PANAMA CITY BEACH FL 32413	PANAMA CITY BEACH FL 32413
US	US

* 6 606913 - 90013 - 46 3 *

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 149 Carson Lane	26 149 Carson La.	03/22/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT-APPLICABLE — Applied For / Not Applicable
City & State 23 Panama City Beach, FL	City & State 28 Panama City Beach, FL	5. Certifcate of Status Desired ☑ — $8.75 Additional Fee Required
Zip 24 32413 Country 25 USA	Zip 29 32413 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~O'CONNOR, NANCY~~ ~~174 WALTON PALM ROAD~~ ~~PANAMA CITY BEACH FL 32413~~	81 Name MAKAR, JOHN 82 Street Address (P.O. Box Number is Not Acceptable) 132 Earl Rd. 83 84 City Panama City Beach FL 85 Zip Code 32413

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE John Makar

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   Aug 12, 1999   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	☒ DELETE	1.1 TITLE PD 1.2 NAME JOINER, JERRY 1.3 STREET ADDRESS 154 Park Pl. 1.4 CITY-ST-ZIP Panama City Beach, FL 32413	☐ Change ☒ Addition
NAME KIZZIAH, WYMAN			
STREET ADDRESS #6 WALFORD PLACE			
CITY-ST-ZIP DOTHAN AL 36301			
TITLE VD	☒ DELETE	2.1 TITLE VD 2.2 NAME WOOD, JACK 2.3 STREET ADDRESS 114 LAKEVIEW DR. 2.4 CITY-ST-ZIP HEFLIN AL 32664-1620	☐ Change ☒ Addition
NAME LETCHER, CHARLES			
STREET ADDRESS 115 W. PARK PLACE AVE.			
CITY-ST-ZIP PANAMA CITY BEACH FL 32413			
TITLE VD	☒ DELETE	3.1 TITLE D 3.2 NAME JOHNSON, RONNIE 3.3 STREET ADDRESS 256 N. WALL ST 3.4 CITY-ST-ZIP PANAMA CITY BEACH FL 32413	☐ Change ☒ Addition
NAME O'CONNER, NANCY			
STREET ADDRESS 174 WALTON PALM RD			
CITY-ST-ZIP PANAMA CITY FL			
TITLE D	☒ DELETE	4.1 TITLE D 4.2 NAME POUNDSTONE, MIKE 4.3 STREET ADDRESS 620 N. WALTON LAKESHORE DR. 4.4 CITY-ST-ZIP PANAMA CITY BEACH FL 32413	☐ Change ☒ Addition
NAME O'CONNOR, NANCY			
STREET ADDRESS 174 WALTON PALM DRIVE			
CITY-ST-ZIP PANAMA CITY BEACH FL 32413			
TITLE D	☒ DELETE	5.1 TITLE D 5.2 NAME MAKAR, JOHN 5.3 STREET ADDRESS 132 EARL RD. 5.4 CITY-ST-ZIP PANAMA CITY BEACH FL 32413	☐ Change ☒ Addition
NAME BROWN, ERNEST			
STREET ADDRESS 225 CARSON LN			
CITY-ST-ZIP PANAMA CITY BEACH FL			
TITLE	☒ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
NAME			
STREET ADDRESS			
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 617, 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.

SIGNATURE: X _SIGNATURE REQUIRED_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 12, 1999   Date   (850) 231-4498   Daytime Phone #

CR2E037 (5/99)