

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F80962 (6)

1. Corporation Name

CENTURY 21 BEACH REALTY CONSULTANTS, INC.

Principal Place of Business

11 MIRACLE STRIP LOOP
PANAMA CITY BEACH FL 32407

Mailing Address

11 MIRACLE STRIP LOOP
PANAMA CITY BEACH FL 32407

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

9. Name and Address of Current Registered Agent

DURNBAUGH, JUNE E.
8823 NORTH LAGOON DRIVE
PANAMA CITY BCH. FL 32407

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

3. Date Incorporated or Qualified

05/11/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2191747

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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01(2) and 607.1503, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST DURNBAUGH, DAVID
11 MIRACLE STRIP LOOP
PANAMA CITY FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P DURNBAUGH, JUNE E.
11 MIRACLE STRIP LOOP
PANAMA CITY BCH FL

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

ST. Mary Peavy
11 Miracle Strip Loop
PCA 32407

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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TITLE NAME STREET ADDRESS CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-STATE-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-STATE-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-STATE-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-STATE-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-STATE-ZIP

111 TITLE 112 NAME 113 STREET ADDRESS 114 CITY-STATE-ZIP

121 TITLE 122 NAME 123 STREET ADDRESS 124 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(b), 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/96

904234.9865

FILED
96 AUG 23 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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