

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 # F83483

1. Corporation Name

SANDCASTLE RESORT OF SANDESTIN, INC.

Principal Place of Business

C/O ROBERT T KAMM
4000 SANDESTIN BLVD., S.
DESTIN FL 32541
US

Mailing Address

C/O ROBERT T KAMM
4000 SANDESTIN BLVD., S.
DESTIN FL 32541
US

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90093 007 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1982

4. FEI Number
62-1144364

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

KAMM, ROBERT T
4000 SANDESTIN BLVD., S.
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ALIAS, FRED V	
STREET ADDRESS	3600 FREDERICA ROAD #10	
CITY-ST-ZIP	ST. SIMONS ISLAND GA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FLAUTT, FRANK L JR	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD SUITE 320	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DONOGHUE, MIKE	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD SUITE 320	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EARWOOD, BOB	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD SUITE 320	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KAMM, ROBERT T.	
STREET ADDRESS	1000 RIDGEWAY LOOP ROAD SUITE 320	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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.

SIGNATURE:

Robert T. Kamm
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-99

Date

904-681-5181

Daytime Phone #

CR2E034 (1/1/98)