## 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 # F9400002129

BRIGGS OF DESTIN, INC.

Principal Place of Business Mailing Address							,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
701 METAIRIE F METAIRIE LA 70		701 METAIRIE ROAD METAIRIE LA 70005				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 04/25/1994		
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For	
21		26				72-1264478	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	<del> </del>			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Zip	Country	Zip	Con	intry		8. This corporation owes the current year		
24	25	29	30	т—	·	Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	ent Registered Agent		81	Nome	10. Name and Address of New Registe	red Agent	
C T CORPORATION SYSTEM					Name			
	SOUTH PINE ISLAND ROAD			82	Street Add	ress (P.O. Box Number is Not Acceptable)		}
PLAN	TATION FL 33324			83				
				84	City		85 Zip (	Code
		<u> </u>					FL   T	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida S	tatutes, the a	bove	e-named con	poration submits this statement for the purpos ion's board of directors. I hereby accept the a	e of changing its popintment as re	registered aistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505	, Florida Stat	utes.				<u> </u>
SIGNATURE								
	Signature, typed or printed name of registered as			Agen	t signature requir	ed when reinstating)  ADDITIONS/CHANGES TO OFFICERS		1D 0 (N) 42
12.		OFFICERS AND DIRECTORS 13.			<del></del>	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PD						- Countrigo	
NAME	BRIGGS, DAVID A JR	1.2 N						1
STREET ADDRESS	701 METAIRIE ROAD				ADDRESS			
CITY-ST-ZIP	METAIRIE LA 70005	☐ DELET		TY-S1	T-ZIP		Change	Addition
TITLE	S	L. VELET					Change	
NAME	DRAGO, DANNY	•	2.2 N					
STREET ADORESS				ADDRESS			ĺ	
CITY-ST-ZIP	METAIRIE LA 70005	□ DELET			T-ZIP		Change	Addition
TITLE		☐ DETE I					change	
NAME			3.2 N					- 1
STREET ADDRESS					ADDRESS		•	
CITY-ST-ZIP		☐ DELET		ITY-S	1-ZIP		Change	Addition
TITLE			•				□ +··-··\$-	ا
NAME		•	4, 2 N		. ADDDCCC			
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		☐ DELET		TY-\$1	1-ZIP		Change	Addition
TITLE		L. VELET	5.1 II					
NAME			l l		ADDRESS			j
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			ITY-\$1				
CITY-ST-ZIP	i.	☐ DELET			-		Change	Addition
TITLE	· .		6.2 N				+9	
NAME	l		T					

14. I hereby certify that the information supplied with this filling 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 12 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (11/98)

Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90138 042 \*\*\*150.00

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