

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

FILED

Jan 14 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **G07500** (3)
1. Corporation Name
SANDPIPER POINT DEVELOPMENT COMPANY, INC.

Principal Place of Business

**646 LOVEJOY ROAD
P O BOX 1689
FT WALTON BCH FL 32549**

Mailing Address

**646 LOVEJOY ROAD
P O BOX 1689
FT WALTON BCH FL 32549-1689**3. Date Incorporated or Qualified
11/08/19823a. Date of Last Report
01/23/19964. FEI Number
59-2238908Applied For
Not Applicable5. 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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DENNEY, RICHARD M
25 WALTER MARTIN AVENUE, STE 201
FT WALTON BEACH FL 32548**

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 is not applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETEV
NAME **LIFFNER, JEAN**
STREET ADDRESS **646 LOVEJOY ROAD**
CITY - ST - ZIP **FT WALTON BCH, FL 00000**1.2 TITLE ☐ DELETEP
NAME **LIFFNER, FRANK**
STREET ADDRESS **646 LOVEJOY ROAD**
CITY - ST - ZIP **FT WALTON BCH, FL 00000**1.3 TITLE ☐ DELETEST
NAME **BEARDEN, EARL**
STREET ADDRESS **1810 LEWIS TURNER BLVD**
CITY - ST - ZIP **FT WALTON BCH, FL 00000**1.4 TITLE ☐ DELETENAME
STREET ADDRESS1.5 TITLE ☐ DELETENAME
STREET ADDRESS1.6 TITLE ☐ DELETENAME
STREET ADDRESS1.7 TITLE ☐ DELETENAME
STREET ADDRESS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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 in the proper or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK L. LIFNER, PRES.

1/8/97

904-243-7144

Date

Daytime Phone #

0489769

CR2E034 (9/96)