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Jan 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # G07500 (3)

1. Corporation Name
SANDPIPER POINT DEVELOPMENT COMPANY, INC.

Principal Place of Business Mailing Address
646 LOVEJOY ROAD 646 LOVEJOY ROAD
P O BOX 1689 P O BOX 1689
FT WALTON BCH FL 32549 FT WALTON BCH FL 32549-1689



3. Date Incorporated or Qualified 11/08/1982
3a. Date of Last Report 01/23/1996

2. Principal Place of Business 2a. Mailing Address
21 Sute, Apt #, etc. 26 Sute, Apt #, etc.

4. FEI Number 59-2238908
Applied For Not Applicable

22 City & State 27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 Zip Country 28 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip Country 25 Country 29 Zip Country 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

V LIFFNER, JEAN
646 LOVEJOY ROAD
FT WALTON BCH, FL 00000
P LIFFNER, FRANK
646 LOVEJOY ROAD
FT WALTON BCH, FL 00000
ST BEARDEN, EARL
1810 LEWIS TURNER BLVD
FT WALTON BCH, FL 00000

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
6.1 TITLE 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 of this report or on an attachment with an address.

SIGNATURE: FRANK L. LIFFNER, PRES. 1/8/97 904-245-7144

CR2E034 (9/96)