

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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90085 003 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G31461

1. Corporation Name

ROGUE WAVE SAILBOARD CENTER, INC.

Principal Place of Business

C/O JACK BLACKWELL STRINGFELLOW
171 BROOKS ST
FT. WALTON BEACH FL 32548

Mailing Address

C/O JACK BLACKWELL STRINGFELLOW
171 BROOKS ST
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/01/1983

4. FEI Number

59-2268372

Applied For

Not Applicable

2. Principal Place of Business

21 165 STAHLMAN AVE.

2a. Mailing Address

26 P.O. Box 1091

Suite, Apt. #, etc.

22 # 122

Suite, Apt. #, etc.

27

City & State

23 DESTIN, FL

City & State

28 DESTIN, FL

Zip

24 32541

Country

25 USA

Zip

29 32540

Country

30 USA

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

9. Name and Address of Current Registered Agent

STRINGFELLOW, JACK BLACKWELL
171 BROOKS ST
FT. WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name Jack Blackwell Stringfellow

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

100 SEASCAPE DR # 32-A

83

84 City DESTIN

FL

85 Zip Code 32541

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

Jack B Stringfellow **PRESIDENT**

4-27-99

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 DP
NAME STRINGFELLOW, JACK B
STREET ADDRESS 171 BROOKS ST.
CITY-ST-ZIP FT. WALTON BCH. FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 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:

Jack B Stringfellow **PRESIDENT**

4-27-99

850 837 9701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)