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Apr 21 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 # **G46735** (8)

1. Corporation Name
PINNACLE PORT REALTY CORPORATION

Principal Place of Business
**C/O RAMONA GARVIN
23223 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413-1008**

Mailing Address
**C/O RAMONA GARVIN
23223 FRONT BEACH RD.
PANAMA CITY BEACH FL 32413-1008**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified
06/29/1983

3a. Date of Last Report
05/01/1996

4. FEI Number

59-2307975

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

**NICHOLS, SANDRA F.
8 MIRACLE STRIP PKWY
FT WALTON BCH FL 32549**

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 of person printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **MEYER, GORDON**
STREET ADDRESS **23223 FRONT BEACH RD. A-530**
CITY-STATE-ZIP **PANAMA CITY BEACH FL 32413**

TITLE **V** ☒ DELETE

NAME **SHIRAH, LAMAR**
STREET ADDRESS **RT. 1 BOX 340**
CITY-STATE-ZIP **CAMILA GA 31907**

TITLE **PST** ☐ DELETE

NAME **NICHOLS, SANDI**
STREET ADDRESS **8 MIRACLE STRIP PKWY**
CITY-STATE-ZIP **FT WALTON BCH FL 32549**

TITLE **D** ☒ DELETE

NAME **APPEGATE, BOYD**
STREET ADDRESS **3240 GULF COAST DR.**
CITY-STATE-ZIP **SPRING HILL FL 32413**

TITLE **S** ☐ DELETE

NAME **COLQUITT, WILLIAM**
STREET ADDRESS **PO BOX 6007 N/A**
CITY-STATE-ZIP **COLUMBUS GA 31907**

TITLE **T** ☒ DELETE

NAME **REID, ROBERT**
STREET ADDRESS **6024 COOK RD.**
CITY-STATE-ZIP **MILFORD OH 45150**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DIRECTOR ☒ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

2.2 NAME **BOYD APPEGATE**
2.3 STREET ADDRESS **3240 GULF COAST DRIVE**
2.4 CITY-STATE-ZIP **HERNANDO BEACH, FL 34607**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE **PRESIDENT** ☐ Change ☒ Addition

4.2 NAME **MARYBETH KIRKLAND**
4.3 STREET ADDRESS **23223 FRONT BEACH ROAD**
4.4 CITY-STATE-ZIP **B3-505 PANAMA CITY BEACH, FL 32413**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE **TREASURER** ☐ Change ☒ Addition

6.2 NAME **GORDON MOORE**
6.3 STREET ADDRESS **2070 TRIBBLE MILL PARKWAY**
6.4 CITY-STATE-ZIP **LAWRENCEVILLE, GA 30245**

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 if changed or on an attachment with an address.

SIGNATURE:

Sandra B. Mortham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97
Date

904-234-2827
Daytime Phone #