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PROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **G46735**

1. Corporation Name
PINNACLE PORT REALTY CORPORATION

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 06/29/1983

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 59-2307975 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WHITFIELD, WINSTON 2105 PROPER ST CORINTH MS 38834	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	SECRETARY APPLEGATE, BOYD 3240GULF COAST DRIVE HERNANDO BEACH, FL 34607	XX ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP APPLEGATE, BOYD 3240 GULF COAST DR HERNANDO BEACH FL	XXX ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D RICHARD COUTURIER 315 CHASE LANE MARIETTA, GA 30068	☐ Change XX ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST NICHOLS, SANDI 8 MIRACLE STRIP PKWY FT WALTON BCH FL 32549	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D CAROL MCGEE 103 VILLAGE GREEN DRIVE YOUNGSVILLE, LA 70592-9284	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIRKLAND, MARYBETH 23223 FRONT BEACH RD B3-505 PANAMA CITY BEACH FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D MERTICE RINGER 4282 LAFAYETTE STREET MARIANNA, FL 32446	☐ Change XX ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COLQUITT, WILLIAM PO BOX 6007 N/A COLUMBUS GA 31907	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REID, ROBERT 6024 COOK RD MILFORD OH 45150	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: Sandra F. Nichols PSE SANDRA F. Nichols 3/6/99 850-231-5785
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #