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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G72567** **(2)**

1. Corporation Name

AUDREY DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
1270 N. EGLIN PARKWAY P. O. BOX 857 SHALIMAR FL 32579 US	P. O. BOX 857 P.O. BOX 1252 SHALIMAR FL 32579 US

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 857	3. Date Incorporated or Qualified: 11/30/1983 3a. Date of Last Report: 05/01/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-2345359 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Shalimar FL	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 32579 / 30	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

ANCHORS, C. LEDON
909 MAR-WALT DRIVE
SUITE 1014
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TESSIER, PAUL R. 556 CORAL COUART #12 FT. WALTON BEACH FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BEUKENKAMP, FELIX A. 101 BAYWIND DR. NICEVILLE FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST STONE, WILLIAM F. 204 NE BUCK DRIVE FORT WALTON BCH FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASSADY, PAUL 1041 JOHN SIMS PARKWAY NICEVILLE FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition 200001828422 -05/20/96--01026--008 ***200.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARUCCI, MICHAEL 1270 N. EGLIN PARKWAY, STE. D SHALIMAR FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	■ Change ☐ Addition 348 SW Miracle Strip Pkwy, Ste. 39 Ft Walton Beach FL 32548
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition JS/5.1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ Date _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FELIX A. BEUKENKAMP, PRESIDENT

CR2E034 (12/95)

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