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FILED

Apr 23 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 # G72567 (2)

1. Corporation Name

AUDREY DEVELOPMENT CORPORATION



Principal Place of Business

1270 N. EGLIN PARKWAY  
P. O. BOX 857  
SHALIMAR FL 32579  
US

Mailing Address

PO BOX 857  
SHALIMAR FL 32579-0857  
US

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

11/30/1983

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2345359

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

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

Signature of type of the principal name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
TESSIER, PAUL R.  
STREET ADDRESS  
556 CORAL COUART #12  
CITY- ST- ZIP  
FT. WALTON BEACH FL

TITLE ☐ DELETE

NAME  
BEUKENKAMP, FELIX A.  
STREET ADDRESS  
101 BAYWIND DR.  
CITY- ST- ZIP  
NICEVILLE FL

TITLE ☐ DELETE

NAME  
STONE, WILLIAM F.  
STREET ADDRESS  
204 NE BUCK DRIVE  
CITY- ST- ZIP  
FORT WALTON BCH FL

TITLE ☐ DELETE

NAME  
CASSADY, PAUL  
STREET ADDRESS  
1041 JOHN SIMS PARKWAY  
CITY- ST- ZIP  
NICEVILLE FL

TITLE ☐ DELETE

NAME  
CARUCCI, MICHAEL  
STREET ADDRESS  
348 SW MIRACLE STRIP PKWY., STE 39  
CITY- ST- ZIP  
FT. WALTON BCH. FL 32548

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

Ft Walton Beach FL 32548

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

Niceville FL 32578

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

Ft Walton Beach FL 32548

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

Niceville FL 32578

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
FELIX A. BEUKENKAMP, PRESIDENT

4/17/97 904-651-8673

0492733

CR2E034 (9/96)