

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G75188** (4)

1. Corporation Name

EDGEWATER BEACH RESORT MANAGEMENT, INC.



Principal Place of Business

11212 ALT HIGHWAY 98
PO BOX 9850
PANAMA CITY BEACH FL 32407

Mailing Address

11212 ALT HIGHWAY 98
PO BOX 9850
PANAMA CITY BEACH FL 32407

3. Date Incorporated or Qualified

12/15/1983

3a. Date of Last Report

06/05/1995

2. Principal Place of Business

2a. Mailing Address

21 26 **119 EUCLID AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 **35213**

30

US

4. FEI Number

59-2369578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BURKE, LES
221 MCKENZIE AVE.
PANAMA CITY FL 32401**

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, typed or printed name of registered agent and the applicant.

(NOTE: Registered Agent signature required when re-registering.)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DVP
NALL, WALLACE, JR.
119 EUCLID AVE.
BIRMINGHAM, ALABAMA 00000**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DST
BURNHAM, WESLEY L., JR.
11212 ALT. HIGHWAY 98
PANAMA CITY BCH. FL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
RIPPS, HAROLD W. JR.
500 ROBERT JEMISON ROAD
BIRMINGHAM AL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D
MEISLER, H.A.
500 ROBERT JEMISON ROAD
BIRMINGHAM AL**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DP
CREEKMORE, THOMAS JR.
11212 ALT. HIGHWAY 98
PANAMA CITY BCH, FL 00000**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**S
FLEETWOOD, COVELLA
11212 ALT. HIGHWAY 98
PANAMA CITY BCH, FL 00000**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96 (205) 879-7720

CR2E034 (12/95)