

**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 # **H00267 (5)**

1. Corporation Name  
**EMERALD COAST INVESTMENTS, INC.**



Principal Place of Business: % JOHN P. TOWNSEND, 142 EGLIN PKWAY SE, FT. WALTON BEACH FL 32548  
Mailing Address: % JOHN P. TOWNSEND, 142 EGLIN PKWAY SE, FT. WALTON BEACH FL 32548

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 04/23/1984  
3a. Date of Last Report: 05/01/1995  
4. FET Number: 59-2401064  
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: TOWNSEND, JOHN P., 142 EGLIN PKWAY SE, FT. WALTON BEACH FL 32548  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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 title if applicable) (NOTE: Registered Agent's signature required when recording this)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	NAME: BARKER, GENE G.	1.1 TITLE:	
STREET ADDRESS: 908 WOODBRIAR COURT	CITY-STATE-ZIP: FT. WALTON BCH FL	1.2 NAME:	
TITLE: DS	NAME: TOWNSEND, JOHN P.	1.3 STREET ADDRESS:	
STREET ADDRESS: 142 EGLIN PKWY SE	CITY-STATE-ZIP: FT. WALTON BCH FL	1.4 CITY-STATE-ZIP:	
TITLE: D	NAME: GARNER, BRUCE	2.1 TITLE:	
STREET ADDRESS: PSC 303 BOX 42	CITY-STATE-ZIP: APO AP	2.2 NAME:	
TITLE:	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	2.4 CITY-STATE-ZIP:	
TITLE:	NAME:	3.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	3.2 NAME:	
TITLE:	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	3.4 CITY-STATE-ZIP:	
TITLE:	NAME:	4.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.2 NAME:	
TITLE:	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	4.4 CITY-STATE-ZIP:	
TITLE:	NAME:	5.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	5.4 CITY-STATE-ZIP:	
TITLE:	NAME:	6.1 TITLE:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.2 NAME:	
TITLE:	NAME:	6.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-STATE-ZIP:	6.4 CITY-STATE-ZIP:	

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: *John P. Townsend* (John P. Townsend) 3/26/96 (904) 664-7772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)