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Mar 11 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 # 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 32548-5545



3. Date Incorporated or Qualified 04/23/1984
3a. Date of Last Report 04/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2401064
Applied For Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

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

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TOWNSEND, JOHN P.
142 EGLIN PKWAY SE
FT. WALTON BEACH FL 32548

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 the person or persons authorized to register the corporation and, if applicable, the registered agent and the registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BARKER, GENE G.
STREET ADDRESS 908 WOODBRIAR COURT
CITY, ST, ZIP FT. WALTON BCH FL

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE DS ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME TOWNSEND, JOHN P.
STREET ADDRESS 142 EGLIN PKWY SE
CITY, ST, ZIP FT. WALTON BCH FL

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE O ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME GARNER, BRUCE
STREET ADDRESS PSC 303 BOX 42
CITY, ST, ZIP APO AP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY, ST, ZIP

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:

JOHN P. TOWNSEND
Signature and Typed or Printed Name of Signing Officer or Director

3/4/97

(904) 664-3772

CR2E034 (9/96)