FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90068 021 ***150.00

DOCUMENT # H17125

1. Corporation Name

EMERALD COAST BEACH SERVICE, INC.

			·						
Principal Plac	e of Business	Mailing Address	Mailing Address				5/5// 5/5// 5/6// 5		
326 MOUNTAIN	DRIVE	326 MOUNTAIN DRIVE	326 MOUNTAIN DRIVE						
PO BOX 1172		·	PO BOX 1172			DO NOT WINTE IN THIS SPACE			
DESTIN FL 32541 DESTIN FL 32541						DO NOT WRITE IN THIS SPACE			1
						3. Date Incorporated or Qualifed 08/17/1984			
2. Principal P	2a. Mailing Address	ng Address			4. FEI Number	<u> </u>	plied For	1	
21		26				59-2502381		ot Applicable	Ţ
Suite, Apt. #, etc.		Suite, Apt. #, etc.	[-			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & Stat	ө	City & State	City & State			6. Election Campaign Financing	\$5.00	May Be	-
23		28	28			Trust Fund Contribution	Added	to Fees	}
Zip	Country	Zip				8. This corporation owes the current year Intangible			
24	25	29	30			Personal Property Tax.	Yes	□No	1
Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent		-
THE PART PARTY					Name				{
WILSON, RANDY 415 GULF SHORE DR.				82	Street Add	eet Address (P.O. Box Number is Not Acceptable)			1
DES	TIN FL 32541			83					1
1									1
				84	City	F	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	egent and title if applicable. (NOT	E: Registered	Agent	t signature requi	red when reinstating) DATE			١,
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	١
TITLE	PT	☐ DELETE	☐ DELETE 1,1 TIT				Change	☐ Addition] ;
NAME	WILSON, RANDY		1.2 NA						} ;
STREET ADDRESS	415 GULF SHORE DR.		1.3 STR		ADDRESS				1 3
CITY-ST-ZIP	DESTIN FL		1.4 C	TY-ST	-ZIP				3
TITLE	V	☐ DELETE	2.1 77				Change	Addition	13
NAME	WILKERSON, DEAN		2.2 N	AME	}				}
STREET ADDRESS	1044 HWY 98 E		2.3 STREE		ADDRESS				
CITY-ST-ZIP	DECTIN CI			T-ZIP					
TITLE	<u></u>	☐ DELETE 3.1 TI					Change	Addition	
NAME		1	3.2 NAME						
STREET ADDRESS			3.3 STRE		ADDRESS				
CITY-ST-ZIP		3.4.		ITY-SI	T-ZIP				
TITLE		☐ DELETE	4.1 71				Change	Addition	}
NAME			4, 2 N	AME	·].
STREET ADDRESS			4.3 STRE		ADDRESS				
CITY-ST-ZIP			4.4 CI	TY-ST	-ZiP				ĺ
TITLE	<u> </u>	☐ DELETE	5.1 TI				Change	☐ Addition]
NAME			5.2 N	AME	ļ				
STREET ADDRESS			5.3 STREET		ADDRESS			']
CITY-ST-ZIP			5.4 CI	TY-57	-ZIP				1
TITLE		☐ DELETE	6.1 T	6.1 TITLE			Change	Addition	
NAME			6.2 N	6.2 NAME					1
STREET ADDRESS			6.3 51	6.3 STREET ADDRESS					1
			TV et	- 710				ļ	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPHO OR PRINTED NAME OF STORING OFFICER OR DIRECTOR

3-23-99 850 837 7025