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Feb 18 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 # H26810 (2)

1. Corporation Name  
A T CO. OF DESTIN

Principal Place of Business  
C/O WILLIAM SCOTT FOSTER  
809 MAR WALT DRIVE, SUITE 1014  
FT. WALTON BCH. FL 32547  
US

Mailing Address  
C/O WILLIAM SCOTT FOSTER  
809 MAR WALT DRIVE, SUITE 1014  
FORT WALTON BEACH FL 32547-6711

3. Date Incorporated or Qualified 10/24/1984  
3a. Date of Last Report 05/01/1996

4. FEI Number 58-1591726  
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

2. Principal Place of Business  
21 611 Turner McColl  
22 Rome, GA. 30165  
23 City & State  
24 30165 25 Glyn  
26 611 Turner McColl  
27 Rome, GA.  
28 City & State  
29 30165 30 Glyn

9. Name and Address of Current Registered Agent  
FOSTER, WILLIAM SCOTT  
809 MAR WALT DRIVE, SUITE 1014  
FORT 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 607.1505, 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 *Brooke J. Temple* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE D  
NAME TEMPLE, BROOKE J.  
STREET ADDRESS 518 COOPER DR.  
CITY- ST- ZIP ROME GA  
TITLE D  
NAME ATKINS, JAMES W., SR.  
STREET ADDRESS 10 SADDLE MTN. RD.  
CITY- ST- ZIP ROME GA  
TITLE V  
NAME ROBINSON, M WAYNE  
STREET ADDRESS 10 FOX CHASE DR SW  
CITY- ST- ZIP ROME GA  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP  
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(2)(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 addition or deletion address.

SIGNATURE: *Brooke J. Temple* 2/19/97 206 2910 202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)