

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 01, 1999 8:00 am
Secretary of State

04-01-1999 90016 030 ***150.00

DOCUMENT # J92870

1. Corporation Name

CHATEAU VENTURE OF PANAMA CITY BEACH, INC.

Principal Place of Business
12525 HIGHWAY 98 WEST
PANAMA CITY BEACH FL 32407

Mailing Address
12525 HIGHWAY 98 WEST
PANAMA CITY BEACH FL 32407

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1987

4. FEI Number

59-2841776

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

HUTCHINSON, EDWARD A. JR ESQ,
221 MCKENZIE AVE.
PANAMA CITY FL 32401

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 607.1508, 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME TD
STREET ADDRESS MCCORMICK, AMY Z
CITY-ST-ZIP 7019 N LAGOON DR
PANAMA CITY BEACH FL

TITLE ☐ DELETE
NAME PD
STREET ADDRESS GARRETT, SALLY
CITY-ST-ZIP 202 SHADES CREST ROAD
HOOVER AL

TITLE ☐ DELETE
NAME VICE PRESIDENT
STREET ADDRESS CATERINA N. MCCORMICK
CITY-ST-ZIP 11 HARBORAGE ISLE
FT LAUDERDALE, FL 33316

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE SECRETARY/TREASURER ☒ Change ☐ Addition
2.2 NAME SALLY GARRETT
2.3 STREET ADDRESS 101 WOODLEIGH RD APT 1
2.4 CITY-ST-ZIP DOTHAN, AL 36305

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME VICE PRESIDENT
3.3 STREET ADDRESS CATERINA N. MCCORMICK
3.4 CITY-ST-ZIP 11 HARBORAGE ISLE
FT LAUDERDALE, FL 33316

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

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

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

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:

Sally M. Garrett
SALLY M. GARRETT

03-28-99

334-792-5138

Date

Daytime Phone #

CR2E034-(11/98)

0058739