

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

05 APR 26 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **J93637** (3)

1. Corporation Name  
**SOUTH WALTON BEACH REALTY, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O J. HOWARD CARR ROUTE 2, BOX 658 SEAGROVE BEACH FL 32459</b>	Mailing Address <b>C/O J. HOWARD CARR ROUTE 2, BOX 658 SEAGROVE BEACH FL 32459</b>
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3. Date Incorporated or Qualified <b>09/11/1987</b>	3a. Date of Last Report <b>03/28/1994</b>
4. FEI Number <b>59-2849344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>South Walton Bch. Realty</b>	2a. Mailing Address 26 <b>South Walton Beach Realty</b>
Suite, Apt. #, etc. 22 <b>4141 E. Highway 30A</b>	Suite, Apt. #, etc. 27 <b>4141 E. Highway 30A</b>
City & State 23 <b>Seagrove Bch., Fl.</b>	City & State 28 <b>Seagrove Beach, Fl.</b>
Zip 24 <b>32459</b>	Country 25
Zip 29 <b>32459</b>	Country 30

9. Name and Address of Current Registered Agent

**CARR, J. HOWARD  
ROUTE 2, BOX 658  
SEAGROVE BEACH FL 32459**

10. Name and Address of New Registered Agent

B1 Name <b>Carr, J. Howard</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>108 Drew Court</b>
B3
B4 City <b>Niceville</b>
FL B5 Zip Code <b>32578</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CARR, EARL B. 229 YACHT CLUB DR. FT. WALTON BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CARR, LINDA A 229 YACHT CLUB DR. FT. WALTON BEACH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT CARR, JANIE C. 108 DREW COURT NICEVILLE FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP CARR, J. HOWARD 108 DREW COURT NICEVILLE FL
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Delete</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>S/T</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>P</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: J. Howard Carr, Pres. 4/18/95 (904) 231-4851  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR