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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K05854 (0)

HOMEPORT OF NAVARRE BEACH, INC.

FILED Apr 16 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 2 DAVID ST. #E 2 DAVID ST. #E FT. WALTON BOH FL 32547 FT. WALTON BCH FL 32547 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/03/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-4828421 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired X 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HARRIS, W. DOUGLAS 81 Name 2 DAVID ST. "E" 82 Street Address (P.O. Box Number is Not Acceptable) FT. WALTON BEACH FL 32547 83 City Zip Code 85 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 advertise obligations of, Section 607.0505, Florida Statutes. W. Donglas Harris SIGNATURE tered agent and little if applicab en reinstatino) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE Change Addition 1.1 TITLE HARRIS, W. DOUGLAS NAME 12 NAME 2 DAVID ST "E" STREET ADDRESS 1.3 STREET ADDRESS FT WALTON BCH FL CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2.1 TITLE Change Addition HARRIS, BRENDA W NAME 2.2 NAME 2 DAVID ST. #E STREET ADDRESS 2.3 STREET ADDRESS FT. WALTON BCH FL 32547 CITY-ST-7IP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-SF-ZIP 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 attackment with an address.

SIGNATURE: