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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10053

(2)

THE SUBLAND CORPORATION OF BAY COUNTY

Principal Place of Business Mailing Address					I JOBINIUS ORI SIBUS BOIN BOIN BOINS		IBN BIBN BIBN I	JENTI 100 i	
217 COUNTRY CLUB ROAD 217 COUNTRY CLUB SHALIMAR FL 32578 SHALIMAR FL 32578 US US									
						3. Date incorporated or Qualified 12/31/1987	1	ate of Last Re 12/1996	eport
2. Principal Pl	ace of Business	2a. Maiting Address				4. FEI Number			plied For
21		26 1 1 20 1 20 1 100			59-2874111		No	t Applicable	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
City & State	3	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added t	
Z)p	Country	Zip	Col	TUÍLA		8. This corporation has liability for i	ntangible	tax under s.	199.032.
24	25					Florida Statutes Yes No			
	9. Name and Address of Current	10. Name and Address of New Re	istered #	Agent					
SUB	LETTE, RICHARD A.			81	Name				
217 COUNTRY CLUB ROAD				82	Street Add	ress (P.O. Box Number is Not Acceptab	(e)		
SHALIMAR FL 32579									
				83					•
				84	City		•	85 Zip (
11. Pursuant l	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	lutes, the a	bove	-named corp	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of	changing its	s registered
office or n agent 1 a	egistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change wa tions of, Section 607.0505,	as authorize Florida Sta	id by tutes	the corporal	tion's board of directors. I hereby accep	t the app	ointment as	registered
SIGNATURE	Distant A Sullett	/	Rich	نم	an As	Sublette	21	6/9n	
SIGNATOR	Signature, type the printed name of registered ages	cland tille it applicable (I	NOTE Registere	d Ager	nt signature requi	Sublette red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TIME	DP	☐ DELETE	1,1 T	ITLE				Change	Addition
IMAM	SUBLETTE, JOE S.		1.2 N	AME					
STREET ADDRESS	301 SOUTH MAIN STREET		1.3 S	TREET	ADDRESS				
01Y ST-ZP	SUMTER SC		1.40	ary-si	r - ZIP				
lifi.F	VST	DELETE	211	ITLE	j			Change	Addition
NAME	SUBLETTE, RICHARD A.		22 N	IAME					
STREET ADDRESS	217 COUNTRY CLUB ROAD		238	TREET	ADDRESS				
CHTY - S1 - Ziér	SHALIMAR FL			CITY - S	T-ZIP				
7/11.6	DV	DELETE	3.1 T	ITLE				Change	Addition
NAM!	KING, ROBERT L		3.2 N	IAME					
STREET ADDRESS	188 DERBY WOODS DRIVE		3.3 S	TREET	address .	÷			
CHY-ST ZIP	LYNN HAVEN FL			CITY-S	T-21P		***************************************		
Tritt		L. DELETE	4.1 T		1			L Change	L_ Addition
NAME			1	NAME	}				
STREET ADDRESS			- 6		ADDRESS				
City+St+Z#				ITY - \$1	T- ZIP				
7111.8		☐ DELETE	5.1 T					Change	Add:tion
NAME			5.2 N						
STREET ADDRESS					ADDRESS			•	
CHY-ST 20°		Br. sur			r-ZIP			TT 50	F-1 4 4 100
THE		☐ DELETE	61 T					L Change	Addition
NAME			82 N						
STREET ADDRESS			6.3 \$	ireet.	ADDRESS				ľ

14. I do 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 Lam 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.

FILED

Apr 11 1997 8:00am

Secretary of State