

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # K79552

(1)

1. Corporation Name

EMERALD COAST PLAZA, INC.

Principal Place of Business

3906 WEST US HWY 98  
SANTA ROSA BEACH FL 32459  
US

Mailing Address

HIGHWAY 98 EAST  
P O BOX 1442  
SANTA ROSA BEACH FL 32459



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 HIGHWAY 98 WEST

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

29 Zip Country

25

30

9. Name and Address of Current Registered Agent

KENNETH AND VICTORIA FOUST  
3906 WEST US HWY 98  
SANTA ROSA BEACH FL 32459

3. Date Incorporated or Qualified

04/12/1989

3a. Date of Last Report

03/21/1995

4. FET Number

59-2939838

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

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's signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME FOUST, KENNETH  
STREET ADDRESS 3906 WEST US HWY 98  
CITY-ST-ZIP SANTA ROSA BCH FL ☐ DELETE

TITLE DPS  
NAME FOUST, VICTORIA  
STREET ADDRESS 3906 WEST US HWY 98  
CITY-ST-ZIP SANTA ROSA BCH FL ☐ DELETE

TITLE VT  
NAME FOUST, VICTORIA  
STREET ADDRESS 3906 WEST US HWY 98  
CITY-ST-ZIP SANTA ROSA BCH FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ 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 119.07(3)(k), 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:

Victoria Foust Pres. Victoria Foust Feb. 1996 267-3522

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)