

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

DOCUMENT # K79552

1. Corporation Name

EMERALD COAST PLAZA, INC.

Principal Place of Business

**3906 WEST US HWY 98
SANTA ROSA BEACH FL 32459
US**

Mailing Address

**HWY 98 W
P O BOX 1442
SANTA ROSA BEACH FL 32459
US**

2. Principal Place of Business

21 761 WOODLAND BAYOU DR.

2a. Mailing Address

26 761 WOODLAND BAYOU DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 SANTA ROSA BEACH, FLORIDA

City & State

28 SANTA ROSA BEACH, FL

Zip

24 32459

Country

25 WALTON

Zip

29 32459

Country

30 WALTON

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

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

761 WOODLAND BAYOU DR.

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

**D
FOUST, KENNETH
3906 WEST US HWY 98
SANTA ROSA BCH FL**

TITLE ☐ DELETE

**DPS
FOUST, VICTORIA
3906 WEST US HWY 98
SANTA ROSA BCH FL**

TITLE ☐ DELETE

**VT
FOUST, VICTORIA
3906 WEST US HWY 98
SANTA ROSA BCH FL**

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

761 WOODLAND BAYOU DR

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

761 WOODLAND BAYOU DR,

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

761 WOODLAND BAYOU DR.

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: Victoria Foust Victoria Foust Feb. 8, 1999 850-267-1777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90045 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (11/98)