

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 # **K90540** (1)

1. Corporation Name

INNOVATIVE TECHNOLOGY OF DESTIN, INC.



Principal Place of Business

Mailing Address

**122 AZALEA DR
DESTIN FL 32540
US**

**775 GULF SHORE D
3202 SANDPIPER COVE
DESTIN FL 32540
US**

3. Date Incorporated or Qualified
05/24/1989

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

21 **305 Mountain Drive**

2a. Mailing Address

26 **27 Indian Bayou Drive**

4. FEI Number

59-2949835

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **Suite C**

Suite, Apt. #, etc.

27 **Destin, FL 32541**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

23 **Destin, FL**

City & State

28 **Destin, FL 32541**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24 **32541**

Country

25 **USA**

Zip

29 **32541**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SANDERS, TRAVIS L.
775 GULF SHORE DR
SANDPIPER CV.-
DESTIN FL 32541**

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 the filer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PST
SANDERS, TRAVIS L**
STREET ADDRESS **3202 SANDPIPER CV.**
CITY-ST-ZIP **DESTIN FL**

TITLE ☐ DELETE

NAME **V
KERTZ-SANDERS, DIANE J**
STREET ADDRESS **3202 SANDPIPER COVE**
CITY-ST-ZIP **DESTIN 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

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 **27 Indian Bayou Drive**
1.4 CITY-ST-ZIP **Destin FL 32541**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **27 Indian Bayou Drive**
2.4 CITY-ST-ZIP **Destin, FL 32541**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 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: **X T. Sanders**

Travis L. Sanders

4-30-96
Date

(904) 654-4447
Daytime Phone #

CR2E034 (12/95)