

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 # K92337

1. Corporation Name

THE MOORINGS AT CARRABELLE, INC.

Principal Place of Business

1000 US HWY 98  
P.O. BOX M  
CARRABELLE FL 32322

Mailing Address

1000 US HWY 98  
P.O. BOX M  
CARRABELLE FL 32322

2. Principal Place of Business

21	Suite, Apt. #, etc.
22	City & State
23	Zip
24	Country

2a. Mailing Address

26	Suite, Apt. #, etc.
27	City & State
28	Zip
29	Country

9. Name and Address of Current Registered Agent

ANDREWS, HARRY M  
1000 U.S. HWY 98  
P O BOX M  
CARRABELLE FL 32322

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 sign for registered agent only)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	ANDREWS, HARRY M	
STREET ADDRESS	U.S. HWY 98 P.O.B. M	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	DVT	[ ] DELETE
NAME	ANDREWS, SANDRA B	
STREET ADDRESS	U.S. HWY 98 POM M	
CITY-ST-ZIP	CARRABELLE FL 32322	
TITLE	DS	[ ] DELETE
NAME	ANDREWS, SANDRA B.	
STREET ADDRESS	US HWY 98 POB M	
CITY-ST-ZIP	CARRABELLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

[ ] Change [ ] Addition

APPROVED  
AND  
FILED

99 APR 19 AM 7:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1989

4. FEI Number

59-2952463

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

X Yes [ ] No

10. Name and Address of New Registered Agent

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: *Harry M. Andrews Pres*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/99

850-697-2800

CR2E034 (11/98)

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