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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18362

(8)

DESTIN PROFESSIONAL CONSULTANTS, INC.

Principal Place	e of Business	Mailing Address			<u> </u>		. Bract mint		
320 HWY 98	EAST. #705	320 HWY 98 EAST. #	705						
PO BOX 5617		PO BOX 5617							
DESTIN FL 32	2541	DESTIN FL 32541	DESTIN FL 32541			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			ļ
						09/25/1989		·	
2. Principal P	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26				59-2977439		No.	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc,			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & State	9		City & State			6. Election Campaign Financing		\$5.00	
23		28	⊢ ′			Trust Fund Contribution		Added t	
Zip	Country Zip Co		ountry		8. This corporation owes or has pa	d the curr	ent year Int	angible	
24	25	29	30			Personal Property Tax due June			No
	9. Name and Address of Curre	nt Registered Agent		1_		10. Name and Address of New Re-	jistered A	gent	
CT	CORPORATION SYSTEM			81	Name				
1200 S. PINE ISLAND ROAD				82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)		
PL/	antation FL 33324					Soo (1 10. Box Hallino) is 110. 1000ptab		- +	_ `
									"]
				84	City			85 Zip (Code
							FL	`	
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.									s registered registered
SIGNATURE									
	Signature, typed or printed name of registered ag				nt signature require	d when reinstating)	DATE		
12.	PD OFFICERS AN	ND DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	· -	TOTAL F		TITLE				Change	Addition :
NAME	SMITH, JOHN E.	• •		NAME					ļ.
STREET ADDRESS			STREET	ADDRESS				1)	
CITY-ST-ZIP			CITY-5	T-ZIP					
TITLE	SD	DELETE 2.1		TITLE				Change	☐ Addition 1
NAME	SMITH, LYNN D.			NAME	ļ				
STREET ADDRESS	320 HWY 98E			STREET	ADDRESS]				J
CITY-ST-ZIP	DESTIN FL	2.4		CITY-S	ST-ZIP				
TITLE				TITLE			- Carri	Change	Addition
NAME			3.2	NAME	1				ŧ
STREET ADDRESS				STREET	ADDRESS				
CITY-ST-ZIP	1		CITY-S	1					
TITLE				TITLE	· -			Change	Addition
NAME		_		NAME				•	-
STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS				l
CITY - ST - ZIP			CITY-S					j	
TITLE		☐ DELÈTE		TITLE				Change	Addition

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 changes, or on an attachment with an address.

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

1- 19-98 (228) 3885500

Change

___ Addition

FILED

Jan 28 1998 8:00am

Secretary of State