

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90066 029 ***150.00

DOCUMENT # L20522

1. Corporation Name

APALACHICOLA MANAGEMENT, INC.

Principal Place of Business

41 COMMERCE ST
APALACHICOLA FL 32320

Mailing Address

41 COMMERCE ST
APALACHICOLA FL 32320

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/03/1989

4. FEI Number

59-2969359

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

2. Principal Place of Business

21 103 Marine St.

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box H

Suite, Apt. #, etc.

City & State

23 Carrabelle, Fl

Zip

24 32322

Country

25 US

City & State

28 Carrabelle, Fl

Zip

29 32322

Country

30 US

9. Name and Address of Current Registered Agent

WATKINS, J. BEN
41 COMMERCE ST
APALACHICOLA FL 32320

10. Name and Address of New Registered Agent

81 Name

J. Ben Watkins

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

103 Marine St.

83

84 City

Carrabelle

FL

85 Zip Code

32322

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

NAME
DPS
WATKINS, J. BEN
STREET ADDRESS
41 COMMERCE ST
CITY-STATE-ZIP
APALACHICOLA FL

TITLE ☐ DELETE

NAME
T
WATKINS, J. BEN
STREET ADDRESS
41 COMMERCE ST
CITY-STATE-ZIP
APALACHICOLA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
DPS
J. Ben Watkins
1.3 STREET ADDRESS
103 Marine St.
1.4 CITY-STATE-ZIP
Carrabelle, Fl 32322

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
T
J. Ben Watkins
2.3 STREET ADDRESS
103 Marine St.
2.4 CITY-STATE-ZIP
Carrabelle, Fl

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)