

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

FILED

Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L61747 (6)  
1. Corporation Name  
EMERALD COAST HOME SERVICES INC.



Principal Place of Business 9139 QUAIL ROOST DR NAVARRE FL 32566 US	Mailing Address 8652 NAVARRE PARKWAY LOT #149 NAVARRE FL 32566 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2040 LUNETTA ST. Suite, Apt. #, etc. 22 City & State 23 NAVARRE, FL Zip 24 32566 Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite # 149 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 04/03/1990	
		4. FEI Number 59-3055553		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent DARREL TUTTLE 9090 GRITTENDEN NAVARRE FL 32566				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 9139 Quail Roost Drive 83 84 City Navarre FL 85 Zip Code 32566			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TUTTLE, DARREL E.			1.2 NAME	9139 Quail Roost Drive		
STREET ADDRESS	9090 GRITTENDEN			1.3 STREET ADDRESS	NAVARRE, FL 32566		
CITY-ST-ZIP	NAVARRE FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMBERN, CAROL			2.2 NAME	6778 DEENA LANE		
STREET ADDRESS	6022 DEENA LANE			2.3 STREET ADDRESS	NAVARRE, FL 32566		
CITY-ST-ZIP	NAVARRE FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME	500002454895		
STREET ADDRESS				5.3 STREET ADDRESS	-03/12/98--01017--017		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	***150.00		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME	500002454895		
STREET ADDRESS				6.3 STREET ADDRESS	-03/12/98--01017--018		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	***8.75		

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.

SIGNATURE: Carol Cambern V.P. CAROL CAMBERN 3/5/98 939-5344 (850)

CR2E034 (10/97)