

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra S. Harrison
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 13 PH 2: 52

DOCUMENT # L95969 (6)

1. Corporation Name
TLR OF DESTIN, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 763 HWY. 98 EAST UNIT A1 DESTIN FL 32541		Mailing Address 763 HWY. 98 EAST UNIT A1 DESTIN FL 32541		3. Date Incorporated or Qualified 08/24/1990	3a. Date of Last Report 04/18/1994
2. Principal Place of Business 21 47 SE Miracle Strip	2a. Mailing Address 26 12 Islandview Dr	4. FEI Number 59-3026335		Applied For Not Applicable	
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Ft. Walton Bch, FL	28 City & State Mary Esther FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 32548	25 Country	29 Zip 32569	30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent KRAEMER, MARY K. 727 HWY. 98 EAST DESTIN FL				10. Name and Address of New Registered Agent	
				01 Name	
				02 Street Address (P.O. Box Number is Not Acceptable)	
				03	
				04 City	FL
				05 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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature optional when registered.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHMIDT, LEE Y. 763 HWY. 98 EAST, #A1 DESTIN FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Islandview Dr. Mary Esther FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD SCHMIDT, THOMAS, L 763 HWY 98 EAST #A1 DESTIN FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12 Islandview Dr Mary Esther FL 32569
TITLE NAME STREET ADDRESS CITY - ST - ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(a), 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 attached, or on an attachment with an address.

SIGNATURE: Thomas L. Schmidt **Thomas L. Schmidt** 4-9-95
SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR
 (904) 243-5818
 0387833 CP