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Jan 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06411** **(5)**

1. Corporation Name
DOLPHIN'S COVE ESTATE, INC.

Principal Place of Business	Mailing Address
103 DOLPHIN COVE FREEPORT FL 32439-3000 US	103 DOLPHIN COVE FREEPORT FL 32439-3007 US

3. Date Incorporated or Qualified: **11/30/1984**
3a. Date of Last Report: **05/29/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **NOT APPLICABLE** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~PEPA, JAMES V~~
~~102 DOLPHIN COVE~~
~~FREEPORT FL 32439~~

10. Name and Address of New Registered Agent

81 Name: Shields, Richard D
82 Street Address (P.O. Box Number is Not Acceptable): 94 Dolphin Cove
83
84 City: Freeport **FL** 85 Zip Code: 32439

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Richard D Shields, Richard D Shields, STD — 13 Jan 97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~PEPA, JAMES V~~		1.2 NAME	Kendall, Gerry	
STREET ADDRESS	~~102 DOLPHIN COVE~~		1.3 STREET ADDRESS	102 Dolphin Cove	
CITY-ST-ZIP	~~FREEPORT FL 32439~~		1.4 CITY-ST-ZIP	Freeport, FL 32439	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HUDKINS, RAY		2.2 NAME		
STREET ADDRESS	702 BURTON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL 32547		2.4 CITY-ST-ZIP		
TITLE	~~STD~~	☒ DELETE	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	~~PEPA, CAROLINE M~~		3.2 NAME	Shields, Richard D.	
STREET ADDRESS	~~102 DOLPHIN COVE~~		3.3 STREET ADDRESS	94 Dolphin Cove	
CITY-ST-ZIP	~~FREEPORT FL 32439~~		3.4 CITY-ST-ZIP	Freeport, FL 32439	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard D Shields, Richard D Shields, STD — 13 Jan 97 — 1-904-835-6868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0010072