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CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 PM 2:25

DOCUMENT # N93000002349 (9)

1. Corporation Name

EMERALD COAST SINGLETONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 4564 FT. WALTON BEACH FL 32549-4564	P.O. BOX 4564 FT. WALTON BEACH FL 32549-4564

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/20/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3168084 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BANISTER, HARWELL
11675 BLISS WAY
MILTON FL 32583

10. Name and Address of New Registered Agent

81 Name: KNIGHT, Dorothy M.
82 Street Address (P.O. Box Number is Not Acceptable): 1400 22nd Street
83
84 City: Niceville FL 85 Zip Code: 32578

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: Dorothy M. Knight — 1 May 1995
(Signature, typed or printed name of registered agent and title if applicable) (Date) (Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE	PD	☒ Change ☐ Addition
NAME	HARWELL, BANISTER E	12 NAME	KNIGHT, DOROTHY M.	
STREET ADDRESS	11675 BLISS WAY	13 STREET ADDRESS	1400 22nd STREET	
CITY ST ZIP	MILTON FL	14 CITY ST ZIP	NICEVILLE, FL 32578	
TITLE	PD	21 TITLE	VD	☒ Change ☐ Addition
NAME	DAY, LORETTA	22 NAME	JAMES, JUDIE	
STREET ADDRESS	803 VALPARAISO BLVD.	23 STREET ADDRESS	22 LAKE LORRAINE CIRCLE	
CITY ST ZIP	NICEVILLE FL	24 CITY ST ZIP	SHALIMAR, FL 32579	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	WILLIAMS, BETTY	32 NAME	KLIMACK, RONALD J.	
STREET ADDRESS	P.O. BOX 615 N/A	33 STREET ADDRESS	346 PRIMROSE CIRCLE	
CITY ST ZIP	MARY ESTHER FL	34 CITY ST ZIP	DESTIN, FL 32541	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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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 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 this 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: Dorothy M. Knight EC's President
DOROTHY M. KNIGHT — 1 MAY 1995 — (904) 678-5904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0072035