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May 08 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 # N94000002302 (7)

1. Corporation Name

THE GREENING OF DESTIN, INC.



Principal Place of Business

Mailing Address

P.O. BOX 1392
DESTIN FL 32540

P.O. BOX 1392
DESTIN FL 32540-1392

3. Date Incorporated or Qualified
05/09/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-3246699

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

10. Name and Address of New Registered Agent

KRAEMER, MARY K
727 HIGHWAY 98 EAST
DESTIN FL 32541

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ALDEN, JANE
STREET ADDRESS 500 GULFSHORE DRIVE
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME HULL, MARCIA
1.3 STREET ADDRESS 82 TARPON ST.
1.4 CITY-ST-ZIP DESTIN, FL 32541

TITLE X ☐ DELETE
NAME MUNNALLY, BRUCE
STREET ADDRESS 762 BENNING DR.
CITY-ST-ZIP DESTIN FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BROUGH, HERB
STREET ADDRESS 745 INDIAN TRAIL
CITY-ST-ZIP DESTIN FL 32541

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE P/D ☐ DELETE
NAME CRAUL, BRUCE
STREET ADDRESS 35000 EMERALD COAST PARKWAY
CITY-ST-ZIP DESTIN, FL 32541

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE S/D ☐ DELETE
NAME HARDIMAN, KIM
STREET ADDRESS P.O. BOX 697
CITY-ST-ZIP DESTIN, FL 32540

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME CHRISTENSEN, RUSS
STREET ADDRESS 119 COUNTRY CLUB DRIVE
CITY-ST-ZIP DESTIN, FL 32541

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/97

(904) 837-3141

Date

Daytime Phone # 0073590

CR2E037 (9/96)