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**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90009 044 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N95000001204**

1. Corporation Name

**FRIENDS OF THE STYLEMARCHERS, INC.**

Principal Place of Business

1201 EGLIN PARKWAY  
SHALIMAR FL 32579

Mailing Address

1201 EGLIN PARKWAY  
SHALIMAR FL 32579



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/13/1995

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

9. Name and Address of Current Registered Agent

**FLEET, H. BART**  
1201 EGLIN PARKWAY  
SHALIMAR FL 32579

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **HEMMER, ALLEN R.**  
CITY-ST-ZIP **22 MAPLE AVE.**  
**SHALIMAR FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **PATRICK, JEFFERY C.**  
CITY-ST-ZIP **200 DEVON COURT**  
**FT. WALTON BCH FL**

TITLE ☐ DELETE  
NAME **D S**  
STREET ADDRESS **CONNER, TRACY W.**  
CITY-ST-ZIP **200 RACETRACK RD.**  
**FORT WALTON BEACH FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **FLEET, H. BART**  
CITY-ST-ZIP **1201 EGLIN PARKWAY**  
**SHALIMAR FL**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **STEARNS, ALLEN**  
CITY-ST-ZIP **908 MIDDLE DRIVE**  
**FT WALTON BEACH FL**

TITLE ☐ DELETE  
NAME **D P**  
STREET ADDRESS **KENT, BARBARA**  
CITY-ST-ZIP **648 MERIONETH DRIVE**  
**FT WALTON BEACH FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME **D**  
1.3 STREET ADDRESS **McALLISTER, RAY H.**  
1.4 CITY-ST-ZIP **140 COUNTRY CLUB DRIVE**  
**SHALIMAR, FL 32579**

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME **D**  
2.3 STREET ADDRESS **HYDER, JEFF**  
2.4 CITY-ST-ZIP **236 YACHT CLUB DRIVE**  
**FT. WALTON BCH., FL 32548**

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME **D**  
3.3 STREET ADDRESS **NELSON, RANDY**  
3.4 CITY-ST-ZIP **2114 WILDERNESS PATH**  
**FT. WALTON BCH., FL 32547**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME **D**  
4.3 STREET ADDRESS **BOUNDS, RICHARD G.**  
4.4 CITY-ST-ZIP **4 BAYSHORE DRIVE**  
**SHALIMAR, FL 32579**

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

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

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Allen R. Hemmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**MAY 1, 99**  
HOME (850) 651-0926  
WORK (850) 882-2864

CR2E037 (1/98)