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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005222 (2)**

1. Corporation Name

PERDIDO HOUSING CORPORATION



Principal Place of Business 348 MIRACLE STRIP PKY., STE. 13 FT. WALTON BEACH FL 32548	Mailing Address 348 MIRACLE STRIP PKY., STE. 13 FT. WALTON BEACH FL 32548-5258
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3. Date Incorporated or Qualified 10/02/1996	3a. Date of Last Report
4. FEI Number 59-3411287	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	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KENT, MICHAEL G
348 MIRACLE STRIP PKY., STE. 13
FT. WALTON BEACH FL 32548**

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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HUNTER, CECIL T	1.2 NAME	
STREET ADDRESS	1330 E. SCOTT ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	NELSON, GILBERT	2.2 NAME	
STREET ADDRESS	211 E. BRENT LN.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HOFFER, ROBERT A	3.2 NAME	
STREET ADDRESS	2672 TINOSA CIR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME		4.2 NAME	AS MICHAEL G KENT
STREET ADDRESS		4.3 STREET ADDRESS	348 MIRACLE STRIP PKY., STE 13
CITY-ST-ZIP		4.4 CITY-ST-ZIP	FT. WALTON BEACH, FL 32548
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	

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]* **Michael G Kent** 3/14/97 904-664-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0073828

CR2E037 (9/96)