

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006263 (4)
1. Corporation Name
UNITED FOR DESTIN, INC.



Principal Place of Business 445 CALHOUN AVENUE DESTIN FL 32541	Mailing Address 445 CALHOUN AVENUE DESTIN FL 32541
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3. Date Incorporated or Qualified
11/06/1997

4. FEI Number Applied For
 Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.
23. City & State	2c. City & State
24. Zip	2d. Zip
25. Country	2e. Country

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**WILLIAMS, DIANA
445 CALHOUN AVENUE
DESTIN FL 32541**

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, KENNY	1.2 NAME	
STREET ADDRESS	4088 INDIAN BAYOU N	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DEWEY E	2.2 NAME	DIANA WILLIAMS
STREET ADDRESS	445 CALHOUN AVENUE	2.3 STREET ADDRESS	445 CALHOUN AVE
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DAVID R	3.2 NAME	
STREET ADDRESS	445 CALHOUN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LAWRENCE H. WILLIGES
STREET ADDRESS		4.3 STREET ADDRESS	403 SPANISH MOSS TRAIL
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	GAYLAN KING
STREET ADDRESS		5.3 STREET ADDRESS	956 AIRPORT RD, # 1514
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: DIANA WILLIAMS 4/23/98 (850) 837-3423

CR2E037 (10/97)