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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000000314

1. Corporation Name
SUBMERGED LAND AND BEACHES CONSERVATION ORGANIZATION, INC.

607100 - 90001 - 33

Principal Place of Business	Mailing Address
8805 CAMBORNE WAY ORLANDO FL 32817	8805 CAMBORNE WAY ORLANDO FL 32817

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 3917 MOLINA Rd.	26 3917 MOLINA Rd.	01/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number Applied For X Not Applicable
City & State 23 PANAMA City, FL.	City & State 28 PANAMA City, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / County 24 32405 25 BAY	Zip / County 29 32405 30 BAY	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MILBY, RUDOLPH
711 MAPLE AVE.
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent

81 Name: Rudolph Milby
82 Street Address (P.O. Box Number is Not Acceptable): 3917 MOLINA Rd.
83
84 City: PANAMA City FL 85 Zip Code: 32405

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: Rudolph Milby Rudolph Milby 7/29/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT - DIR. ☐ DELETE	1.1 TITLE	PRESIDENT - DIR. ☐ Change ☐ Addition
NAME	TERRY HISSINS	1.2 NAME	TERRY HISSINS
STREET ADDRESS	8505 CAMBORNE WAY	1.3 STREET ADDRESS	8505 CAMBORNE WAY (T)
CITY-ST-ZIP	ORLANDO, FL. 32817	1.4 CITY-ST-ZIP	ORLANDO, FL. 32817
TITLE	~~VICE PRESIDENT - DIR.~~ ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	~~JOHN BURKAYLOK~~	2.2 NAME	JOHN BURKAYLOK - (T)
STREET ADDRESS	~~P.O. BOX 27633~~	2.3 STREET ADDRESS	P.O. BOX 27633
CITY-ST-ZIP	~~PANAMA CITY, FL. 32411~~	2.4 CITY-ST-ZIP	(T) PANAMA City, FL. 32411 (T)
TITLE	SEC. TREAS. ☐ DELETE	3.1 TITLE	SEC. TREAS. ☐ Change ☐ Addition
NAME	T.A. DAWKINS	3.2 NAME	RUDOLPH MILBY
STREET ADDRESS	3151 W. 10th Ct.	3.3 STREET ADDRESS	(T) 3917 MOLINA Rd. (T)
CITY-ST-ZIP	PANAMA City, FL. 32401	3.4 CITY-ST-ZIP	PANAMA City, 32405
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

CR2E037 (5/99)

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: SIGNATURE REQUIRED John BurkAylok Vice Pres. 9/30/99 850-233-9144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #