FILED
May 28, 2002 8:00 am
Secretary of State

02-11-2002 90153 040 ***150.00
04-02-2002 90949 031 ***150.00

P01000086781

CORRECTED ANNUAL REPORT

30325

[redacted]

DO NOT WRITE IN THIS SPACE

1. Entity Name
T T & R DEVELOPMENT OF DESTIN, INC.

Principal Place of Business	Mailing Address
PO BOX 5404 DESTIN FL 32540	PO BOX 5404 DESTIN FL 32540

2. Principal Place of Business	3. Mailing Address
P.O. BOX 5404	P.O. BOX 5404
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Destin, Fl	City & State: Destin Fl
Zip: 32540 Country: OKALOOSA	Zip: 32540 Country: OKALOOSA

4. FEI Number 59-3742364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLUE, ROB JR
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

7. Name and Address of New Registered Agent
Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDLE, TIMOTHY D 1243 20 N BLUE HERON DR SANTA ROSA BEACH FL 32459 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TINDLE, MARGIE NELL 244 CHURCH STREET SANTA ROSA BEACH FL 32549 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEE, JOHN K PO BOX 5404 DESTIN FL 32540 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1-23-02 1-850-650-3958
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #