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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000002152 (5)**

1. Corporation Name

FIVE FLAGS YACHT CLUB, INC.

Principal Place of Business	Mailing Address
4300 BAYOU BOULEYARD SUITE 30 A PENSACOLA FL 32503 US	4300 BAYOU BOULE YARD SUITE SO-A PENSACOLA FL 32503 US

	3. Date Incorporated or Qualified	3a. Date of Last Report
	01/04/1993	03/15/1995

	2. Principal Place of Business	2a. Mailing Address
21/26	421 TWIN LAKES DRIVE	421 TWIN LAKES DRIVE
22/27	Suite, Apt. #, etc	Suite, Apt. #, etc
23/28	City & State: PENSACOLA FLORIDA	City & State: PENSACOLA FLORIDA
24/29	Zip: 32504	Zip: 32504
25/30	Country: U.S.A.	Country: U.S.A.

4. FEI Number: 59-3171961 — [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent

WEST, WYLIE
4300 BAYOU BOULEYARD
SUITE 30-A
PENSACOLA FL

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 421 TWIN LAKES DRIVE

83

84 City: PENSACOLA FL 85 Zip Code: 32504

11. Pursuant to the provisions of Sections 607.0502 and 607.1004, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	[ ] DELETE	11 TITLE		[ ] Change [ ] Addition
NAME	MILLER, JOHNNY L		12 NAME		
STREET ADDRESS	1121 LAKEVIEW AVE		13 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		14 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	21 TITLE		[X] Change [ ] Addition
NAME	STEPHENS, JAY F.		22 NAME		
STREET ADDRESS	1119 E. LAKEVIEW AVE		23 STREET ADDRESS	421 TWIN LAKES DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503		24 CITY-ST-ZIP	PENSACOLA, FL 32504-6341	
TITLE	D	[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME	WRIGHT, NORMAN F		32 NAME		
STREET ADDRESS	1013 ARMENIA DR		33 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 09		34 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME	CARNELEY, JAMES W		42 NAME		
STREET ADDRESS	3350 SCHIFKO RD		43 STREET ADDRESS		
CITY-ST-ZIP	CANTONMENT FL		44 CITY-ST-ZIP		
TITLE	D	[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME	BARTLEY, RACHEL R		52 NAME		
STREET ADDRESS	50 W BRAINERD ST		53 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		54 CITY-ST-ZIP		
TITLE	T	[ ] DELETE	61 TITLE		[X] Change [ ] Addition
NAME	WEST, WYLIE		62 NAME		
STREET ADDRESS	4300 BAYOU BOULEYARD, SUITE 30-A		63 STREET ADDRESS	421 TWIN LAKES DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503		64 CITY-ST-ZIP	PENSACOLA, FL 32504-6341	

14. I do hereby certify that the information supplied with this filing is accurate, and that I am not applying for the exemption under 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wylie West — WYLIE WEST — 3/25/96 — (904) 479-5848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)