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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
421 TWINLAKES DR SUITE 30 A PENSACOLA FL 32504 US	421 TWIN LAKES DR SUITE SO-A PENSACOLA FL 32504-6341 US

3. Date Incorporated or Qualified: 01/04/1993	3a. Date of Last Report: 03/29/1996
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 ☐ Yes ☒ No	

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

9. Name and Address of Current Registered Agent

WEST, WYLIE
421 TWIN LAKES DR
PENSACOLA FL 32504

10. Name and Address of New Registered Agent

81 Name: STEPHENS, WYLIE
82 Street Address (P.O. Box Number is Not Acceptable): 421 TWIN LAKES DR.
83
84 City: PENSACOLA FL 85 Zip Code: 32504

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Wylie Stephens WYLIE STEPHENS DATE: 3/25/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, JOHNNY L	1.2 NAME	
STREET ADDRESS	1121 LAKEVIEW AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	STEPHENS, JAY F.	2.2 NAME	
STREET ADDRESS	421 TWIN LAKES DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, NORMAN F	3.2 NAME	
STREET ADDRESS	1013 ARMENIA DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 09	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	D ☒ Change ☐ Addition
NAME	CARNELEY, JAMES W	4.2 NAME	CARNLEY, JAMES W.
STREET ADDRESS	3350 SCHIFKO RD	4.3 STREET ADDRESS	3350 SCHIFKO RD.
CITY-ST-ZIP	CANTONMENT FL	4.4 CITY-ST-ZIP	CANTONMENT, FL
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BARTLEY, RACHEL R	5.2 NAME	
STREET ADDRESS	50 W BRAINERD ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	5.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	6.1 TITLE	T ☒ Change ☐ Addition
NAME	WEST, WYLIE	6.2 NAME	STEPHENS, WYLIE
STREET ADDRESS	421 TWIN LAKES DR	6.3 STREET ADDRESS	421 TWIN LAKES DR.
CITY-ST-ZIP	PENSACOLA FL	6.4 CITY-ST-ZIP	PENSACOLA, FL 32504

CR2E034 (9/96)

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 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 Stephens WYLIE STEPHENS, TREASURER 3/25/97 904/479-5848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0485435