

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P93000002152**

1. Corporation Name

FIVE FLAGS YACHT CLUB, INC.

Principal Place of Business

421 TWINLAKES DR
SUITE 30 A
PENSACOLA FL 32504
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/04/1993

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 owes the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

221 Bayou Blvd.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

City & State

Zip

32503

Country

USA

Zip

32503

Country

USA

9. Name and Address of Current Registered Agent

**STEPHENS, WYLIE
421 TWIN LAKES DR
PENSACOLA FL 32504**

10. Name and Address of New Registered Agent

81 Name

John P. Monroel, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

221 Bayou Blvd

83

84 City

Pensacola

FL

85 Zip Code

32503

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 **John P. Monroel, Jr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

DATE

8/4/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MILLER, JOHNNY L**
STREET ADDRESS **1121 LAKEVIEW AVE**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE

NAME **STEPHENS, JAY F.**
STREET ADDRESS **421 TWIN LAKES DR**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **D** ☒ DELETE

NAME **WRIGHT, NORMAN F**
STREET ADDRESS **1013 ARMENIA DR**
CITY-ST-ZIP **PENSACOLA FL 09**

TITLE **D** ☐ DELETE

NAME **CARNELEY, JAMES W**
STREET ADDRESS **3350 SCHIFKO RD**
CITY-ST-ZIP **CANTONMENT FL**

TITLE **D** ☐ DELETE

NAME **BARTLEY, RACHEL R**
STREET ADDRESS **50 W BRAINERD ST**
CITY-ST-ZIP **PENSACOLA FL**

TITLE **T** ☐ DELETE

NAME **STEPHENS, WYLIE**
STREET ADDRESS **421 TWIN LAKES DR**
CITY-ST-ZIP **PENSACOLA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME **John P. Monroel, Jr.**

2.3 STREET ADDRESS **221 Bayou Blvd**

2.4 CITY-ST-ZIP **Pensacola, FL 32503**

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **Dick Butler**

3.3 STREET ADDRESS **3150 Leesburg Square**

3.4 CITY-ST-ZIP **Pensacola, FL 32504**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **James W. Carnley**

4.3 STREET ADDRESS **3350 Schifko Rd**

4.4 CITY-ST-ZIP **Cantonment, FL 32533**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **Rachel R. Bartley**

5.3 STREET ADDRESS **3150 Leesburg Square**

5.4 CITY-ST-ZIP **Pensacola, FL 32504**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **John P. Monroel, Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/4/99**

Daytime Phone # **(850) 433-0933**

CR2E034 (5/99)

0113340

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90003 032 ***150.00



P93000002152
604166-90003-32

August 4, 1999

Florida Department Of State
Division Of Corporations
PO Box 1500
Tallahassee, Fl 32302-1500

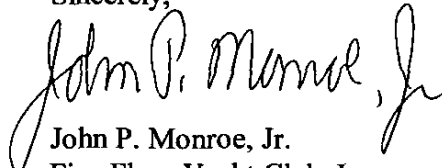
To Whom It May Concern:

Enclosed is the 1999 Profit Corporation Annual Report filing for the **Five Flags Yacht Club, Inc.** Please note that the enclosed filing fee of \$150 does not include any penalty. In 1999 our corporation had a change in our Resident Agent. We did not receive the 1st notice for filing. I, as the new Agent, received the 2nd notice via our past Resident Agent.

Please consider my request to wave the penalty shown due in the 2nd notice. Our corporation is small and we have never filed late since we incorporated in 1993. Your consideration to my request is appreciated. Please let me know of your decision so I can ensure that we have met all the filing requirements. You may contact me either by mail, telephone or fax as listed below:

John P. Monroe, Jr.
221 Bayou Blvd.
Pensacola, Fl. 32503
(850)433-0933
Fax (850)435-7838

Sincerely,



John P. Monroe, Jr.
Five Flags Yacht Club, Inc.
Resident Agent