## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9300005947 (5)

MILTON HEAD, INC.

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME & THREADGILL, EDWIN G

PENSACOLA FL 32505

P.O. BOX 8154 N/A

TITLE

TITLE

NAME STREET ADDRESS

## **FILED** Apr 16 1997 8:00am Secretary of State

Principal Place of Business Mailing Address					]		
2103 West Herman Pensacola FL 32506		P.O. BOX 8154 PENSACOLA FL 32505-0154					
				3. Date Incorporated or Qualified 01/21/1993 06/24/1996		Report	
2. Principal Place of Business		2s. Mailing Address		4. FEI Number		pplied For	
<b>3</b>		26		<b>59-3162103</b> Not Applic		ot Applicable	
Suffe, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	ired \$8.75 Additional Fee Required	
City & State		City & State	The state of the s		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip 14	Country 25	7ip	Gountry 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statules		
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
VAN MATRE, THOMAS G JR. 4300 BAYOU BLVD. STE. 16 PENSACOLA FL 32503			81		dress (P.O. Box Number is Not Acceptab	per is Not Acceptable)	
			83				
			84	84 City FL		FL 85 Zip	Code
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized b	v the corpore	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing i tithe appointment as	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ont and title if any wealth (NC)	II : Honistored Ac	ont signature regu	ulred when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			Change	Addition
NAME	THREADGILL, DEBORAH L		1.2 NAMī	1.2 NAMĪ			
STREET ADDRESS	m m mm. n m m m m m m m m m m m m m m m		1.3 STREE	LADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32505		1.4 CilY-	S1 - 21P			
TITLE	DST	DELFTE	21 THILE			☐ Change	Addition
NAME	GLOVER, ELIZABETH		2.2 NAME				
STREET ADDRESS	REET ADDRESS P.O. BOX 8154 N/A		2.3 STHEF	I ADDRESS		4	
DITY-ST-ZIP PENSACOLA FL 32505		2 4 C/TY-	ST-ZIP	,			

3 3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

**63 STREET ADDRESS** 

5.4 CiTY-S1-ZIP

4.4 CHY-S1-7IP

3 4. CITY - ST - ZIP

311011

32 NAME

4.1 TITLE

4 2 NAME

51 THILE

5.2 NAME

61 THTLE

62 NAME

DELFTE

DEFETE

DELETE

DELETE

CITY-ST-ZIP 6.4 CiTY-ST-ZIP 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 logal 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.

☐ Change

☐ Change

Change

Addition

\_\_\_ Addition

Addition

Addition