FILE NOW: FILING FEE ...   RSF&1

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # P93 000015198

1. Corporation Name

The Kilroy Company of Sandestin Inc.

Principal Place of Business: 9535 Highway 98 W. Destin FL 32541

Mailing Address: SAME

3. Date Incorporated or Qualified: 02/23/1993
3a. Date of Last Report: 25 JAN 96

2. Principal Place of Business
21: 9535 Highway 98W
Suite, Apt. #, etc.
22: Destin FL.
City & State
23:
Zip: 24: 32541
Country: 25: USA

2a. Mailing Address
26: SAME
Suite, Apt. #, etc.
27:
City & State
28:
Zip: 29:
Country: 30:

4. FEI Number: 59-3167366 ☐ 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

9. Name and Address of Current Registered Agent

OWEN, DAVID A
743 Hwy 98E.
Ste 5
Destin FL 32541

10. Name and Address of New Registered Agent
31: Name
32: Street Address (P.O. Box Number is Not Acceptable)
33:
34: City FL 35: Zip Code

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: (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	GERALDINE S. LAWSON		1.2 NAME
STREET ADDRESS	18795 HIGHWAY 331 S.		1.3 STREET ADDRESS
CITY-ST-ZIP	FREEPORT FL 32439		1.4 CITY-ST-ZIP
TITLE	VP	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	CHARLES V. LAWSON		2.2 NAME
STREET ADDRESS	18795 HIGHWAY 331 S.		2.3 STREET ADDRESS
CITY-ST-ZIP	FREEPORT FL 32439		2.4 CITY-ST-ZIP
TITLE	S	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	CHRISTINA SINATRA		3.2 NAME
STREET ADDRESS	37 EAST BRADLEY		3.3 STREET ADDRESS
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP
TITLE		☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		☐ DELETE	5.1 TITLE ☐ Change ☐ Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

RW 5-6-97

200002177412
-05/13/97--01108--019
***165.00

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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 29APR97 904-654-6088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERALDINE S. LAWSON