

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000016949 (8)**

1. Corporation Name

THE GRAND LAGOON COMPANY



Principal Place of Business

Mailing Address

**2226 THOMAS DR
PANAMA CITY BEACH FL 32408**

**2226 THOMAS DR P.O. Box 27314
PANAMA CITY BEACH FL 32411**

2. Principal Place of Business

21 **1803 WEAKFISH WAY**

Suite, Apt. #, etc.

2a. Mailing Address

26 **P.O. Box 27314**

Suite, Apt. #, etc.

City & State

23 **PANAMA CITY, FL**

Zip

32411

Country

USA

City & State

28 **PANAMA CITY, FLA**

Zip

32411

Country

USA

3. Date Incorporated or Qualified

03/08/1993

3a. Date of Last Report

03/17/1995

4. FEI Number

59-3169995

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$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

**SIPPLE, HARRY B III
2226 THOMAS DR
PANAMA CITY BEACH FL 32408**

10. Name and Address of New Registered Agent

81 Name

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

1803 Weakfish Way

83

84

PANAMA CITY

FL

85 Zip Code

32411

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

(Signature, type the printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VT** ☐ DELETE

NAME **SIPPLE, HARRY B. III**

STREET ADDRESS **2226 THOMAS DRIVE**

CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **PS** ☐ DELETE

NAME **GARDNER, JAMES E**

STREET ADDRESS **2226 THOMAS DR**

CITY-ST-ZIP **PANAMA CITY BCH FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **HARRY B. Sipple, III**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HARRY B. Sipple, III

1-29-96
Date

904-234-8031
Daytime Phone #

CR2E034 (12/95)