

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90056 022 ***150.00

DOCUMENT # P93000020927

1. Corporation Name

ATWATER DEVELOPMENT COMPANY, INC.

Principal Place of Business

25 WALTER MARTIN
SUITE 203
FORT WALTON BEACH FL 32548
US

Mailing Address

25 WALTER MARTIN
SUITE 203
FORT WALTON BEACH FL 32548
US

2. Principal Place of Business

21 600 Calle Escada
Suite, Apt. #, etc.

2a. Mailing Address

26 600 Calle Escada
Suite, Apt. #, etc.

22

City & State

23 Santa Rosa Beach, FL

City & State

28 Santa Rosa Beach, FL

Zip Country

24 32459 25

Zip Country

29 32459 30

9. Name and Address of Current Registered Agent

JENKINS, MICHAEL L
25 WALKER MARTIN RD
STE 203
FT. WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/18/1993

4. FEI Number

59-3169739

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 Tax.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Michael Jenkins

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

600 Calle Escada

83

84 City

Santa Rosa Beach

FL

85 Zip Code

32548

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME JENKINS, MICHAEL L
STREET ADDRESS 25 WALTON MARTIN STE 203
CITY-ST-ZIP FORT WALTON BEACH FL 32548

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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STREET ADDRESS

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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 Michael Jenkins

1.3 STREET ADDRESS 600 Calle Escada

1.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99

Date

856-6221566

Daytime Phone #

CR2E034 (11/98)