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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # **P93000025118 (9)**

EMERALD COA	RT REALTY	OF HOTE	I IED INC

Principal Place of Business Mailing Address

797 E. HWY. 96

DESTIN FL 32541

US

US



DESTIN FL US				DESTIN FL 32541 US					Date Incorporated or Qualified 04/05/1993	3a. Date	of Las 5/01/	
–	Place of Busine			Mailing Address					4. FEt Number			Applied For
		ld Coast Pkwy	. 26	34880 Emera	<u>11d</u>	Coa	ast	Pkwy.	59-3176857			Not Applicable
Suite Apt			27	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	75 Additional se Required
Oity & Sta 23 Dest:	in, Fl.		28	City & State Destin, Fl.					Election Campaign Financing Trust Fund Contribution			.00 May Be
Zip	ļ	Country		Zip	L	Coun	itry		8. This corporation has liability for i	intangible ta	ıx unde	rs 199.032,
24 3254		25 USA	29	32541	30	US	SA		Florida Statutes The Yes	□ No		
	9. Name	and Address of Curren	t Regis	tered Agent					10. Name and Address of New R	egistered /	Agent	
KEMPER PLUMMER, CLARA 797 E. HWY. 98 DESTIN FL 32541			82 Street Addre			Kemper Street Addre	r Plummer, Clara ress (P.O. Box Number is Not Acceptable) Emerald Coast Parkway					
						ε	B4	City Destin		FL	85	Zip Code 32541
11. Pursuant or registe familiar w SIGNATURE	to the provision to the agent of agent of with, and accert	ons of Sections 607.0502 both, in the State of Floric the obligations of Secti	and 60 la. Such on 607.						tion submits this statement for the pur d of directors. I hereby accept the appor	rpose of cha ointment as 2/19/	_	ts registered offic red agent. I am
	signature, typical	or printed hamic of registered agent			E Reg	islered A	gent s	gnature required	President when renstalings	DATE	. 20	
12.	· . · · · · · · · · · · · · · · · · · ·	OFFICERS AND	DIREC		_	13.			ADDITIONS/CHANGES TO OFF			
TITLE	P	D DI (☐ DELETE		1 1 1170	LĒ		resident	0	Chang	ge 🔲 Addition
NAME		R PLUMMER, CLARA				1.2 NAM	ΛE		lara Kemper Plummer			
STREET ADDRESS		HWY. 98				1.3 STRI	EET AC		4880 Emerald Coast F	arkway	1	
C(TY-S!-7)P	DESTIN	FL		_ · · · · · · · · · · · · · · · · ·		1.4 CITY	r-ST-		estin, Fl. 32541			
TITLE				DELETE	1	2. 1 ไปไ	LE	1 .	lrector	[Chang	ge 🔣 Addition
NAME						2 2 NAM	ΛE	l l	amie V. Forbes III			
STREET ADDRESS						2 3 STR	IA T33	DRESS 14	4 Country Club Dr.	West		
CITY-ST-ZIP					_	2 4 CITY	/-ST	ZIP De	estin, Fl. 32541			
THEF				□ DELETE		3. 1 TITL	LF		rector		Chang	e 🔣 Addition
NAME						3.2 NAM	Æ	Ja	mes H. Cole, Sr.			
STREET ADDRESS					1	3.3. STR	REET AS	DORESS 31	4 Primrose Circle			
CITY - ST - ZIP				****		3.4 CITY	(-ST-	zir <u>De</u>	stin, F1. 32541			
TILE				DELETE		4 1 TITE	ιE			С	Chang	e 🔲 Addition
NAME						4.2 NAM	AE.					
STREET ADDRESS						4 3 STRE	EET AD	ORESS				
CHY-ST-ZIP					ı	4.4 City	(-ST-)	ZIP				
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NAME						5 2 NAM	1E					
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CITY - \$1 - 7IP						5.4 CITY		[
IIILE				DELETE		6. 1 TITL		·		 F	7 Chang	e
NAME				-	•	6.2 NAM				<u></u>		
STREET ADDRESS						63STRE		IDRESS				
CiTY-ST-7iP								1				
	1		201 00 2	***		6 4 CITY	-21-2	<u> </u>				

4. I do herety 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 cath; 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 chapter 607 in attachment with an address.

SIGNATURE

QUATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

(904) 837-4001