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

**PROFIT CORPORATION** ANNUAL REPORT

1997

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000025118 (9)

EMERALD COAST REALTY OF HOTELIER INC.

Mailing Address Principal Place of Business 34880 EMERALD COAST PKWY 34890 EMERALD COAST PKWY DESTIN FL 92541 **DESTIN FL 32541-3437** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/05/1993 02/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3176857 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing **\$5.00** May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KEMPER PLUMMER, CLARA 34880 EMERALD COAST PKWY 82 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE\_flegistered Agent's griature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 HILE KEMPER PLUMMER, CLARA NAME 1.2 NAME 34880 EMERALD COAST PKWY STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL** CITY-ST-ZIP 1.4 C(1Y-S1-Z)F DELETE Change ☐ Addition TITLE 2.1 TITLE FORBES, JAMIE V NAME 2.2 NAM( 144 COUNTRY CLUB DR. WEST STREET ADDRESS 2.3 STREET ADDRESS **DESTIN FL 32541** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3 1 1111.6 COLE, JAMES S SR NAME 3.2 NAME 314 PRIMROSE CIRCLE STREET ADDRESS 3 3 STREET ADDRESS DESTIN FL 32541 CITY-ST-ZIP 3 4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAM STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP 🔲 DELETE Change Addition 5.1 1111.6 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP

DELETE

6.1 TiTe F

6.2 NAMI

6.3 STHEFT ADDRESS

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 legal offect as if made under eath; 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 it changed or on an alternative with an address. 4/30/97 904-837-4001

Change

Addition

FILED

May 12 1997 8:00am

Secretary of State