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

PROFIT CORPORATION ANNUAL REPORT



DOCUMENT #

EMERALD COAST AMUSEMENT CORP.

Apr 10 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P93000039857 (6)



FILED

						_ 16671664 (66 6416 71111 1874) 6841 6841	
Principal Place of Business		Mailing Address	Mailing Address				
211 MAIN ST		P.O. BOX 5003					
UNIT #4 Destin Fl 32541		FORT WALTON BEACH FL 32549		DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualified		
						06/03/1993	
2. Principa	Place of Business	2a. Mailing Address	·			4. FEI Number	Applied For
21 26		26			59-3188864	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			the continues of organization	Fee Required	
_	City & State City & S		& State			6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country Zip		Country				Added to Fees
24	26		30	поу		This corporation owes or has paid Personal Property Tax due June 30	
[29]	9. Name and Address of Curre		301			10. Name and Address of New Regin	
DENNEY, RICHARD M				B1	Name		
150 EGLIN PARKWAY, N.E.			ŀ		0	(DO D. Al	
FORT WALTON BEACH FL 32549				82 Street Address (P.O. Box Number is Not Acceptable)			,
			Ī	83			
			Ì	84	City	· · · · · · · · · · · · · · · · · · ·	FL 85 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 little if applicable (NOTE: Registered Agent signature required when reinstating) OATE							
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	
TITLE	PD	☐ DELETE	1.1 TIT	LE			☐ Change ☐ Addition
NAME	BUTLER, RICHARD C		1.2 NA	ME			
STREET ADDRES		1	1.3 STI	REET	ADDRESS		
CHY-ST-ZIP	DESTIN FL		1.4 CIT	[Y-S]	T-ZIP		
TITLE	STD	DELETE	2.1 TITLE				Change Addition
NAME	BUTLER, JANE E		2.2 NA	ME			
STREET ADDRES		1	2.3 STI	REET	ADDRESS		
CITY-ST-ZIP	DESTIN FL		2. 4 CI		ST-21P		
TITLE	VPD PICHARD C ID	☐ DELETE	3.1 TIT				☐ Change ☐ Addition
RAME	BUTLER, RICHARD C JR. 7460 NORTHPOINTE BLVD.		3.2 NA				
STREET ADORES	PENSACOLA FL				ADDRESS		
CITY-ST-ZIP	I LITOTOVEN I L	DELETE	3.4. CI		ST-ZIP		Change Addition
TITLE NAME		□ pereit	4.1 T(T				Change Addition
STREET ADDRES	25		4. 2 NA		ADDRESS		
	»						
CITY-ST-ZIP TITLE		DELETE	4.4 CIT 5.1 TIT		1- ZIT		Change Addition
NAME			5.2 NA				
STREET ADDRES	ss I				ADDRESS		
CITY-ST-ZIP	·-		5.4 CIT				
TITLE		☐ DELETE	6.1 TIT		,		Change Addition
NAME			6.2 NA				_ • •
STREET ADDRES	ss				ADDRESS		
CITY-ST-ZIP			6.4 CIT		1		
	y certify that the information supplied v	vith this filing does not qualify for				Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information

indicated on this annual report or supplemental annual roport 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 changes, or on an attachment with an address.

Richard C. Butter Hon 17, 1998 850-837.4792