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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block 13 if changed.

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045618 (4)

YESTERDAY'S OF DESTIN, INC. Principal Place of Business Mailing Address 1079 HWY 98 E 1079 HWY 98 F **DESTIN FL 32541-2901** DESTIN FL 32541 3. Date Incorporated or Qualified 3a. Date of Last Report 06/28/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3200412 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 $Z \phi$ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 Florida Statutes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MCKELVY, WILLIAM R III 1738 GIANT SYCAMORE LN 82 Street Address (P.O. Box Number is Not Acceptable) **BAKER FL 32531** 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 typed of portion ranse of registered agent and title if approable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13, DELETE Channe 1.1 DUE MILE MCKELVY, WILLIAM R III NAMi 1.2 NAME 1738 GIANT SYCAMORE LN 1.3 STREET ADDRESS STREET ADDRESS **BAKER FL 32531** 1.4 City-ST-7iP 011 Y ST-28 DELETE HILE 2.1 TITLE ☐ Change Addition WOLF, BURKHAND G NAME 2.2 NAME 17 FOREST HILLS LANE STREET ADDRESS 2.3 STREET ADDRESS DESTIN FL 32541 CHY ST-ZiP 2 4 CITY-ST-ZIP DELETE Addition ☐ Change THE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY - \$1 - ZiP DELETE Change Addition 31115 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ALDRESS CBY- ST-20 4.4 CITY - ST - ZIP DELETE Change Addition 51 TITLE T:11{ 5.2 NAME NAME 5.3 STREET ADORESS STREET ADDRESS 5.4 CITY - \$1 - ZIP C(17 - S1 - 74) DELETE Change Addition TUTLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADORESS 6.4 CITY - 81 - ZIP 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), Fiorida 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

Welling R. MIKELYY