

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000053244 (8)

1. Corporation Name

BAYOU PRESERVE INC.



Principal Place of Business

Mailing Address

508 DRIFTWOOD CIRCLE
DESTIN FL 32541

508 DRIFTWOOD CIRCLE
DESTIN FL 32541

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

07/29/1993

3a. Date of Last Report

02/01/1995

4. FEI Number

59-3198342

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAMMETT, BEN H JR
508 DRIFTWOOD CIRCLE
DESTIN FL 32541

81 Name

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

83

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 fee if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. HAMMETT, BEN H
508 DRIFTWOOD CIR
DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. ☐ DELETE

1. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
1. HAMMETT, BEN H JR. PRES.
BEN HAMMETT BEN H. JR.
508 DRIFTWOOD CIRCLE
DESTIN, FL 32541

2. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
2. SEC. & DIRECTOR
GIBSON, MICHAEL O.
71 COUNTRY CLUB DRIVE
DESTIN, FL 32541

3. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
3. DIRECTOR
ROOKIS, RICHARD T.
19 SEAWINDS DRIVE
SANTA ROSA BEACH, FL 32459

4. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
4. ☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
5. ☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
6. ☐ Change ☐ Addition

14. I do hereby 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 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.

SIGNATURE:

BEN HAY HAMMETT JR.

BEN HAY HAMMETT JR.

3/2/96 (904) 837-7236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)