FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000079173 (9)**

1. Corporation Name

EMERALD COAST ENTERPRISES OF PACE, FLORIDA, INC.

Principal Place of Business	Mailing Address
4475 COASTAL LANE PACE FL 32571 US	4475 COASTAL LANE PACE FL 32571 US

3. Date Incorporated or Qualified: **11/12/1993**
3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **59-3208229** ☐ 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

MCLEOD, GLENN
4563 CHUMUCKLA HIGHWAY
PACE FL 32571

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, KATHERIN M		1.2 NAME		
STREET ADDRESS	5100 HIGHWAY 4		1.3 STREET ADDRESS		
CITY-ST-ZIP	JAY FL 32565		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, C D		2.2 NAME		
STREET ADDRESS	5100 HIGHWAY 4		2.3 STREET ADDRESS		
CITY-ST-ZIP	JAY FL 32565		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCLEOD, GLENN		3.2 NAME		
STREET ADDRESS	4841 ROYAL PINE DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	MCLEOD, PANSY		4.2 NAME		
STREET ADDRESS	~~4563 CHUMUCKLA HIGHWAY~~		4.3 STREET ADDRESS	4841 ROYAL PINES DRIVE	
CITY-ST-ZIP	PACE FL 32571		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	BROCKWAY, LARRY		5.2 NAME		
STREET ADDRESS	~~4841 ROYAL PINE DRIVE~~		5.3 STREET ADDRESS	1311 GREENLEAF DRIVE	
CITY-ST-ZIP	PACE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BROCKWAY, GAIL		6.2 NAME		
STREET ADDRESS	1311 GREENLEAF DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	PACE FL 32571		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Katherine M. Smith, President 3-27-96 904/675-6239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #