

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

4475 COASTAL LANE  
PACE FL 32571  
US

Mailing Address

4841 ROYAL PINES DRIVE  
PACE FL 32571

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MCLEOD, GLENN  
4841 ROYAL PINES DRIVE  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-98

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME SMITH, KATHERIN M  
STREET ADDRESS 5100 HIGHWAY 4  
CITY-ST-ZIP JAY FL 32565

TITLE D ☐ DELETE

NAME SMITH, C. DAVID  
STREET ADDRESS 5100 HIGHWAY 4  
CITY-ST-ZIP JAY FL 32565

TITLE VP ☐ DELETE

NAME MCLEOD, GLENN  
STREET ADDRESS 4841 ROYAL PINE DRIVE  
CITY-ST-ZIP PACE FL 32571

TITLE D ☐ DELETE

NAME MCLEOD, PANSY  
STREET ADDRESS 4841 ROYAL PINES DR  
CITY-ST-ZIP PACE FL 32571

TITLE ST ☐ DELETE

NAME BROCKWAY, LARRY  
STREET ADDRESS 1311 GREENLEAF DR  
CITY-ST-ZIP PACE FL 32571

TITLE D ☐ DELETE

NAME BROCKWAY, GAIL  
STREET ADDRESS 1311 GREENLEAF DRIVE  
CITY-ST-ZIP PACE FL 32571

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Smith, Katherine M.  
1.3 STREET ADDRESS 5100 Highway 4  
1.4 CITY-ST-ZIP Jay, FL 32565

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE VP ☒ Change ☐ Addition

3.2 NAME McLeod, Glen  
3.3 STREET ADDRESS 4841 Royal Pines Drive  
3.4 CITY-ST-ZIP Pace, FL 32571

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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.

CR2E034 (10/97)