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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000088658

NORTH HARBOUR LANDING, INC.									
Dringing Blog	o of Pucinoes	Mailing Address				1   1001   1001   110   10100			
2708 HIGHWAY 77 PANAMA CITY FL 32405 PANAMA CITY FL		· ·	05			DO NOT WRITE IN TH	IS SPA(	DE.	
US US						3. Date Incorporated or Qualifed			
						01/03/1994			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21 26						59-3224256			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State						6. Election Campaign Financing		5.00	May Be
23		28	28			Trust Fund Contribution			o Fees
Zip	Country	Žip	Count	try		8. This corporation owes the current year I			_
24	25	29	30			Personal Property Tax.	ZY		□No
	9. Name and Address of Currer	nt Registered Agent		24	Mana	10. Name and Address of New Registere	d Agent	<u> </u>	
ним	IPHREY, JANIS M			81	Name				
2703 HIGHWAY 77			8	82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
PANAMA CITY FL 32405			1	83					
			8	84	City			Zip C	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the				ove	-named corp	oration submits this statement for the purpose	of chang	ing its	registered
office or registered agent, or both, in the State of Florida. Such change was authorized agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statu					the comoratio	on's board of directors. I hereby accept the app	ointmen	taš reg	jistered
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	F: Registered A	cent	elonature require	d when reinstating) DATE			
12.		ND DIRECTORS	13.	gom	vigilalar roquiro	ADDITIONS/CHANGES TO OFFICERS A	AND DIF	ECTO	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLI	E				hange	Addition
NAME	COMMANDER, CHARLES W		1.2 NAM	Æ					
STREET ADDRESS	ARAA AMAD BAYAY ST		1.3 STR	EET/	ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		1.4 CITY	/-ST-	-ZIP				
TITLE	D	☐ DELETE	2.1 TITLI	E			c	hange	Addition
NAME	HUMPHREY, JANIS M		2.2 NAM	Œ					
STREET ADDRESS			2.3 STR	EET/	ADDRESS				
CITY-ST-ZIP	PANAMA CITY FL 32405		2. 4 CITY	Y-ST	í-ZIP				
TITLE		☐ DELETE	3.1 TITLE	E			□c	hange	Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STRE	EET A	ADDRESS				
CITY-ST-ZIP			3.4. CITY		:-ZIP				- Addition
TITLE		☐ DELETE	4.1 TITLE	_			∐ u	hange	☐ Addition
NAME			4. 2 NAM						
STREET ADDRESS					ADDRESS				
Crry-ST-ZiP		□ nci ctc	4.4 CITY		-ZIP			hange	☐ Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAM				μv	hange	Addroon
NAME					ADDRESS				
STREET ADDRESS								•	
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITLE		·ZIP			hange	Addition
TITLE		- Detere	6.2 NAM					larige	
NAME STREET ADDRESS					ADDRESS				
SUKEEL MODINESS									

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 23, 1999 8:00am

**Secretary of State** 

01-23-1999 90046 028 \*\*\*150.00

850-769-8326