

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 # P94000017929 (8)

1. Corporation Name

FLORIDA RESORT PROPERTY GROUP, INC.



Principal Place of Business

515 E BEACH DRIVE  
PANAMA CITY FL 32401

Mailing Address

515 E BEACH DRIVE  
PANAMA CITY FL 32401

3. Date Incorporated or Qualified  
02/28/1994

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

21 220 South Arnold DR.  
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 9918  
Suite, Apt. #, etc.

4. FEI Number

59-3228812

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

City & State

23 Panama City Beach, FL  
Zip

32413

Country  
USA

City & State

28 Panama City Beach, FL  
Zip

32417-9918

Country

9. Name and Address of Current Registered Agent

BLUE, ROB JR  
221 MCKENZIE AVE  
PANAMA CITY FL 32402

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

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME BAILEY, RODDIE  
STREET ADDRESS 515 E BEACH DRIVE  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE  
NAME HUMPHREYS, TIMOTHY R  
STREET ADDRESS 1703 LOBLOLLY LANE  
CITY-ST-ZIP LYNN HAVEN FL

TITLE D ☒ DELETE  
NAME OLIVER, PAULA A  
STREET ADDRESS 7510 LINDA LANE  
CITY-ST-ZIP PANAMA CITY FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☐ Change ☒ Addition  
1.2 NAME Rodriguez, Cynthia F.  
1.3 STREET ADDRESS 2121 Harrison Ave. Apt C8  
1.4 CITY-ST-ZIP Panama City, FL 32405

2.1 TITLE PD ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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:

Cynthia F. Rodriguez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia F. Rodriguez

Date

27 April 96

Daytime Phone #

(904) 233-7466

CR2E034 (12/95)