

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

FILED  
May 01 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 # P94000018288 (8)

1. Corporation Name

CHOCTAWHATCHEE INVESTMENTS, INC.



Principal Place of Business

Mailing Address

9563 STATE HWY 83  
DEFUNIAK SPRINGS FL 32433

9563 STATE HWY 83  
DEFUNIAK SPRINGS FL 32433

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1994

4. FEI Number

59-3230522

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

21 476 San Juan Ave.

Suite, Apt. #, etc.

22 City & State

23 Santa Rosa Beach, FL

24 Zip

32459

Country

25 Walton

2a. Mailing Address

26 476 San Juan Ave.

Suite, Apt. #, etc.

27 City & State

28 Santa Rosa Beach, FL

29 Zip

32459

Country

30 Walton

9. Name and Address of Current Registered Agent

WILSON, DEWEY C JR  
9563 STATE HWY 83  
DEFUNIAK SPRINGS FL 32433

10. Name and Address of New Registered Agent

81 Name

Wilson, Dewey C. Jr

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

476 San Juan Ave.

83

84 City

Santa Rosa Beach

FL

85 Zip Code

32459

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 ☐ DELETE

NAME DP  
WILSON, DEWEY C JR  
STREET ADDRESS 9563 STATE HWY 83  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ DELETE

NAME DS  
WILSON, VIVIAN S  
STREET ADDRESS 9563 STATE HWY 83  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 476 San Juan Ave.

1.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 476 San Juan Ave.

2.4 CITY-ST-ZIP Santa Rosa Beach, FL 32459

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 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.

SIGNATURE

*[Signature]*

4-14-98 9563-221-5114

CP2E034 (10/97)