04261999-90120-035-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPAI:TMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

04-26-1999 90120 035 ***150.00

FILED

Apr 26, 1999 8:00 am Secretary of State

1999 DOCUMENT # P9 400 00 18 308 *

Grayton Beach Developers, Inc. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed MARCH 1, 1994 Applied For 2. Principal Place of Business 2a. Mailing Address 59-3232742 3812 West Scenic 624 Main Street Not Applicable Suite, Apl. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 \$5.00 May Be City & State 6. Election Campaign Financing П Montevallo, Alabama Santa Rosa Beach, Florada Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. 30 24 32459 25 29 35115 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Susan P. Wilder 3812 WestiScenic, Suite 30A Street Address (P.O. Box Humber is Not Acceptable) Santa Rosa Beach, Florida 32459 83 Zip Corle 84 85 City 11. Pursuan to the provisions of Sections 607,0502 and 607,1508, Florida Statuli s, the above-named convoration submits this statement for the purpose or 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 reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CFFICERS AND DIRECTORS 12. 13. Addition DELETE X Change TITLE 1,1 TITLE President Susan P. Wilder CR2E034 NAME 3812 West Scenic, Suite 30A 1.3 STREET ADDRESS STREET ADDRESS Santa Rosa Beach, Florida 32459 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE TITLE 2.1 TITLE 22 NAME NAME 2 3 STREET ADDRESS STREET ADDRES CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Addition Change DELETE TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRES 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CMY-ST-ZIP Change Addition DELETE IIILE 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP 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(S)(I). Florida Statutes. I further ce fily that the information indicates on this annual report or suppliemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I aim 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 attachnient with an address, with all other like empowered.

SIGNATURE: ,

SUSAN P. WILDER