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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

P94000032160 (1)

FILED Jan 15 1998 8:00am Secretary of State

CBD OF NW FL, INC.								
Principal Place of Business Mailing Address								
350000 EMERALD COAST PKWY P. O. BOX 30 DESTIN FL 32541 DESTIN FL 32540								
US US								DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualified
								04/28/1994
2. Principal Pl	ace of Business	2a. Mai	2a. Mailing Address					4. FEI Number Applied For
21		26						59-3239 195 Not Applicable
Suite, Apt.	#, etc.	 	Suite, Apt. #, etc.					5. Certificate of Status Desired S8.75 Additional
22			27					Fee Required
City & State	•		City & State					6. Election Campaign Financing \$5.00 May Be
Zip			Zip Coi					Trust Fund Contribution
24	25 29		30	Country			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
24[9. Name and Address of Curren		d Agent	30	Τ-			10. Name and Address of New Registered Agent
SE/	/MOUR, EDWARD H	3,0			81	Nam	e	
	00 EMERALD COAST PARKWAY	,			82			
	STIN FL 32541					Stree	t Addre	ss (P.O. Box Number is Not Acceptable)
DE	3111 1 C 02041					3		
					Ш			
					84	City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607,050	2 and 607.15	508. Florida Statut	es, the a	bove	a-name	d corpo	
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 age	nt and title if app	licable. (NOT	E. Registere	d Age	nt signat	re required	d when reinstating) DATE
12.	OFFICERS ANI			13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Р		DELETE	1.1 TI	TLE			Change Addition
NAME	ABBOTT, WILLIAM W.			1.2 N	AME			
STREET ADDRESS	35000 EMERALD COAST PAR	KWAY	7AY 1.3 ST			ADDRESS	;	
CITY-ST-ZIP	DESTIN FL			1.4 C	ITY-S	T-ZIP		
TITLE	VP		DELETE	2,1 Ti	TLE.			☐ Change ☐ Addition
NAME	abbott, stephen j			2,2 N	AME			
STREET ADDRESS	35000 EMERALD COAST PAR	KWAY		2,3 \$	TREET	ADDRES:	;	•
CITY-ST-ZIP	DESTIN FL			2,40	ITY-S	ST-ZIP		
TITLE	ST		☐ DELETE	3,1 T	TLE		1	☐ Change ☐ Addition
NAME	SEYMOUR, EDWARD H			3,2 N	AME			
STREET ADDRESS	35000 EMERALD COAST PAR	KWAY		3.3 \$	TREET	ADDRESS	3	
CITY - ST - ZIP	DESTIN FL			3.4. 0	iTY-S	ST-ZIP		
TITLE	D		DELETE	4.1 TI	ITLE			☐ Change ☐ Addition
NAME	STEINER, JAMES R. JR			4.21	AME		-	
STREET ADDRESS	35000 EMERALD COAST PAR	KWAY		4.3 S	TREET	ADDRESS	;	
CITY-ST-ZIP	DESTIN FL			4.4 C	try-si	T-ZIP		
TITLE	D		DELETE	5,1 11	TLE		1	Change Addition
NAME	OLIN, JAMES S.			5.2 N	AME			
STREET ADDRESS	35000 EMERALD COAST PAR	KWAY		5.3 S	TREET	ADDRESS	;	
CITY - ST-ZIP	DESTIN FL				TY-S	T-ZIP		
TITLE			DELETE	6.1 Ti	TLE			Change Addition
NAME				6.2 N	AME			
STREET ADDRESS				N N		ADDRESS	3	
CITY-ST-ZIP					ITY-S			
14. I hereby o	entry that the information supplied wi	in this filing	does not qualify for	or the exe	empt	tion sta	ted in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

that my signature shall have the same legal effect as it made under oath; that I am an is report as required by Chapter 607, Florida Statutes; and th<u>at</u> my name appears in