

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montfom
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAR -1 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000039654 (6)

1. Corporation Name

EMERALD COAST VENTURES, INC.

Principal Place of Business

**707 ELSIE LN
DESTIN FL 32541**

Mailing Address

**707 ELSIE LN
DESTIN FL 32541**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

4. FEI Number

59-3246727

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

2. Principal Place of Business

21 **707 Elise Lane**

Suite, Apt. #, etc.

2a. Mailing Address

25 **707 Elise Lane**

Suite, Apt. #, etc.

City & State

23 **Destin, FL**

City & State

28 **Destin, FL**

Zip

24 **32541**

Country

25 **OKA/0059**

Zip

29 **32541**

Country

30 **OKA/0059**

9. Name and Address of Current Registered Agent

**HAUGHT, BRUCE A
1234 AIRPORT RD
DESTIN FL 32541**

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
HAUGHT, BRUCE A
STREET ADDRESS
1234 AIRPORT RD
CITY - ST - ZIP
DESTIN FL 32541

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
President
David Meyer
1.3 STREET ADDRESS
707 Elise Lane
1.4 CITY - ST - ZIP
Destin, FL. 32541
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
Vice-President
Tim F. Carter
2.3 STREET ADDRESS
4490 Ocean View Drive
2.4 CITY - ST - ZIP
Destin, FL. 32541
☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
600001419426
-03/02/95--01064--024
***200.00 ***200.00
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
CH
☐ Change ☐ Addition

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)(b), Florida Statutes. I further certify that the information included 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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/95

(904) 937-2401