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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000045029 (3)

1. Corporation Name

ROMAR BEACH, INC.

Principal Place of Business

195 E FAIRFIELD DR
PENSACOLA FL 32503

Mailing Address

195 E FAIRFIELD DR
PENSACOLA FL 32503

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1994

3a. Date of Last Report

4. FFI Number

59-3251630

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 § 199.019,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 316 S. Baylen

Suite, Apt. #, etc.

22 Box 100

City & State

23 Pensacola FL

Zip

24 32501

Country

2a. Mailing Address

26 PO Box 940

Suite, Apt. #, etc.

27

City & State

28 Gulf Breeze FL

Zip

29 32562

Country

30 US

9. Name and Address of Current Registered Agent

BRANNEN, DAVID A
195 E FAIRFIELD DR
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name

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

316 S. Baylen

83 Box 100

84 City

Pensacola

FL

85 Zip Code

32501

11. Pursuant to the provisions of Sections 607 (0.02) 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

David A. Brannen

DAVID A. BRANNEN 4/24/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRANNEN, DAVID A
STREET ADDRESS	195 E FAIRFIELD
CITY, ST, ZIP	PENSACOLA FL 32503
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. TITLE	☒ Change ☐ Addition
1.1 NAME	
1.1 STREET ADDRESS	PO Box 940
1.4 CITY, ST, ZIP	Gulf Breeze FL 32562
2. TITLE	☐ Change ☐ Addition
2.1 NAME	
2.1 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3. TITLE	☐ Change ☐ Addition
3.1 NAME	
3.1 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4. TITLE	☐ Change ☐ Addition
4.1 NAME	
4.1 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5. TITLE	☐ Change ☐ Addition
5.1 NAME	
5.1 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6. TITLE	☐ Change ☐ Addition
6.1 NAME	
6.1 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is, so far as I am concerned, true and correct and that the same is in accordance with the provisions of the Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and correct and that my corporation 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 on the Florida Department of State's records as an officer or director.

SIGNATURE:

David A. Brannen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. BRANNEN 4/24/95 904434720