

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90241 027 ***158.75

DOCUMENT # P94000045244

1. Corporation Name

MARAVILLA DEVELOPMENT OF DESTIN, INC.



Principal Place of Business

**150 AZALEA DRIVE
STE 8A
DESTIN FL 32541
US**

Mailing Address

**P.O. BOX 5404
DESTIN FL 32540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/15/1994

4. FEI Number

59-3247678

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 12 A Commence Drive

2a. Mailing Address

Suite, Apt. #, etc.

22 City & State

23 DESTIN, FL

27 City & State

28 Zip

24 32541

Country

29 Zip

Country

30

9. Name and Address of Current Registered Agent

**BLUE, ROB JR.
221 MCKENZIE AVE.
PANAMA CITY FL 32402**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P
RILEE, JOHN K
433 CALHOUN AVE
DESTIN FL 32541**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**S
RUSHING, JOHN R
1234 AIRPORT RD., STE. 121
DESTIN FL 32541**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
BLUE, F. LLOYD JR.
1077 INDIAN TRAIL ROAD
DESTIN FL 32541**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
JONES, C. WAYNE
ROUTE 1, BOX 76-A
FREEPORT FL 32439**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ 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

☐ Change

☐ Addition

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, with all other like empowered.

SIGNATURE:

JOHN K. RILEE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-15-99

Daytime Phone #

850-837-8613

CR2E034 (1/98)