

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 FEB 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000047187 (7)

1. Corporation Name

HIGH POINT BEACH, INC.

Principal Place of Business

6701 PENSACOLA BLVD
PENSACOLA FL 32505

Mailing Address

6701 PENSACOLA BLVD
PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

2. Principal Place of Business

21 119 EUCLID AVENUE

2a. Mailing Address

26 119 EUCLID AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 BIRMINGHAM, AL

27 City & State

28 BIRMINGHAM, AL

Zip

Country

Zip

Country

24 35213

29 35213

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

SHELL, STEPHEN B
226 S PALAFOX ST
7TH FLOOR
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name Les W. Burke, JR.
82 Street Address (P.O. Box Number is Not Acceptable)
Burke & Blue, P.A.
221 McKenzie Ave
83 City Panama City
84 FL 85 Zip Code 32401

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]

Feb. 6, 1995

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DAVIS, H. M. JR
STREET ADDRESS	3809 KNOLLWOOD DR
CITY - ST - ZIP	BIRMINGHAM AL 35243
TITLE	D
NAME	O'SULLIVAN, I. L. JR
STREET ADDRESS	P O BOX 101329 N/A
CITY - ST - ZIP	BIRMINGHAM AL 35210
TITLE	D
NAME	FADDIS, CHARLES F
STREET ADDRESS	6701 PENSACOLA BLVD
CITY - ST - ZIP	PENSACOLA FL 32505
TITLE	D
NAME	KENNEDY, CARTER S
STREET ADDRESS	3125 MONTGOMERY HWY SUITE 118
CITY - ST - ZIP	BIRMINGHAM AL 35209
TITLE	D
NAME	LOCKWOOD, RICHARD A
STREET ADDRESS	6701 PENSACOLA BLVD
CITY - ST - ZIP	PENSACOLA FL 32505
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
1.2 NAME	BURNHAM, WESLEY L. JR.	
1.3 STREET ADDRESS	119 EUCLID AVENUE	
1.4 CITY - ST - ZIP	BIRMINGHAM, AL 35213	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
3.2 NAME	NALL, J. WALLACE JR.	
3.3 STREET ADDRESS	119 EUCLID AVENUE	
3.4 CITY - ST - ZIP	BIRMINGHAM, AL 35213	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	DIRECTOR	☒ Change ☐ Addition
5.2 NAME	NALL, J. WALLACE III	
5.3 STREET ADDRESS	119 EUCLID AVENUE	
5.4 CITY - ST - ZIP	BIRMINGHAM, AL 35213	
6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
6.2 NAME	WHATLEY, KATHERINE NALL	
6.3 STREET ADDRESS	119 EUCLID AVENUE	
6.4 CITY - ST - ZIP	BIRMINGHAM, AL 35213	

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 110.07(3)(b), 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 this 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.

SIGNATURE:

[Signature]
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95 (205) 879-7720