

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000047187 (7)**

1. Corporation Name

HIGH POINT BEACH, INC.



Principal Place of Business

**119 EUCLID AVE
BIRMINGHAM AL 35213
US**

Mailing Address

**119 EUCLID AVE
BIRMINGHAM AL 35213
US**

3. Date Incorporated or Qualified
06/20/1994

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

APPLIED FOR 59-3263339

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

10. Name and Address of New Registered Agent

**BURKE, LES W
BURK & BLUE PA
221 MCKENZIE AVE
PANAMA CITY FL 32401**

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 not applicable

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **BURNHAM, WESLEY L**
STREET ADDRESS **119 EUCLID AVE**
CITY-ST-ZIP **BIRMINGHAM AL 35213**

TITLE ☐ DELETE

NAME **O'SULLIVAN, I. L. JR**
STREET ADDRESS **P O BOX 101329 N/A**
CITY-ST-ZIP **BIRMINGHAM AL 35210**

TITLE ☐ DELETE

NAME **NALL, J WALLACE JR**
STREET ADDRESS **119 EUCLID AVE**
CITY-ST-ZIP **PENSACOLA FL 35213**

TITLE ☐ DELETE

NAME **KENNEDY, CARTER S**
STREET ADDRESS **3125 MONTGOMERY HWY SUITE 116**
CITY-ST-ZIP **BIRMINGHAM AL 35209**

TITLE ☐ DELETE

NAME **NALL, J WALLACE III**
STREET ADDRESS **119 EUCLID AVE**
CITY-ST-ZIP **PENSACOLA FL 35213**

TITLE ☐ DELETE

NAME **WHATLEY, KATHERINE NALL**
STREET ADDRESS **119 EUCLID AVE**
CITY-ST-ZIP **BIRMINGHAM AL 35213**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

(205) 879-7720

Day

Daytime Phone #

CR2E034 (12/95)