

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 01 1997 8:00am
Secretary of State

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 35213-2906
US**

3. Date Incorporated or Qualified

06/20/1994

3a. Date of Last Report

05/01/1996

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

4. FEI Number

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 of typewritten printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BURNHAM, WESLEY L	
STREET ADDRESS	119 EUCLID AVE	
CITY - ST - ZIP	BIRMINGHAM AL 35213	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'SULLIVAN, I. L. JR	
STREET ADDRESS	P O BOX 101329 N/A	
CITY - ST - ZIP	BIRMINGHAM AL 35210	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NALL, J WALLACE JR	
STREET ADDRESS	119 EUCLID AVE	
CITY - ST - ZIP	PENSACOLA FL 35213	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KENNEDY, CARTER S	
STREET ADDRESS	3125 MONTGOMERY HWY SUITE 116	
CITY - ST - ZIP	BIRMINGHAM AL 35209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NALL, J WALLACE III	
STREET ADDRESS	119 EUCLID AVE	
CITY - ST - ZIP	PENSACOLA FL 35213	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHATLEY, KATHERINE NALL	
STREET ADDRESS	119 EUCLID AVE	
CITY - ST - ZIP	BIRMINGHAM AL 35213	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-97

Date

(205) 879-7720

Daytime Phone #

0476843

CR2E034 (9/96)