

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

FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

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

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BURNHAM, WESLEY L  
STREET ADDRESS 119 EUCLID AVE  
CITY-ST-ZIP BIRMINGHAM AL 35213 ☐ DELETE

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

TITLE D  
NAME NALL, J WALLACE JR  
STREET ADDRESS 119 EUCLID AVE  
CITY-ST-ZIP PENSACOLA FL 35213 ☐ DELETE

TITLE D  
NAME KENNEDY, CARTER S  
STREET ADDRESS 3125 MONTGOMERY HWY SUITE 116  
CITY-ST-ZIP BIRMINGHAM AL 35209 ☐ DELETE

TITLE D  
NAME NALL, J WALLACE III  
STREET ADDRESS 119 EUCLID AVE  
CITY-ST-ZIP PENSACOLA FL 35213 ☐ DELETE

TITLE D  
NAME WHATLEY, KATHERINE NALL  
STREET ADDRESS 119 EUCLID AVE  
CITY-ST-ZIP BIRMINGHAM AL 35213 ☐ DELETE

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 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]*

4-22-98 (205)879-7720

CR2E034 (10/97)