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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P94000047187

1. Corporation Name

HIGH POINT BEACH, INC.

Principal Place of Business

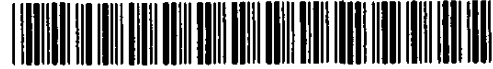
119 EUCLID AVE
BIRMINGHAM AL 35213
US

Mailing Address

119 EUCLID AVE
BIRMINGHAM AL 35213
US

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90066 019 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1994

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 owes the current year Intangible
Personal Property Tax.

☐

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (205) 879-7720

Date

Daytime Phone #

CR2E034 (11/98)