

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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000052248 (9)**

1. Corporation Name

**AQUA VIEW RESORT RENTALS, INC.**

Principal Place of Business

**8128 FRONT BEACH ROAD  
C  
PANAMA CITY BEACH FL 32407  
US**

Mailing Address

**8128 FRONT BEACH ROAD  
C  
PANAMA CITY BEACH FL 32407  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/21/1994**

4. FEI Number

**59-3256335**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**WHITTON, JEFFREY P  
565 HARRISON AVENUE  
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]*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

**1** ☒ DELETE  
TITLE **D**  
NAME **PHILLIPS, KIMBERLY LYN**  
STREET ADDRESS **8128 FRONT BEACH ROAD, SUITE C**  
CITY-ST-ZIP **PANAMA CITY FL**

**2** ☐ DELETE  
TITLE **PS**  
NAME **WINKLER, LOYCE C**  
STREET ADDRESS **17155 FRONT BEACH ROAD 405W**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

**3** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**4** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**5** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**6** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition

**2.1** TITLE ☐ Change ☐ Addition

**2.2** NAME

**2.3** STREET ADDRESS

**2.4** CITY-ST-ZIP ☐ Change ☐ Addition

**3.1** TITLE ☐ Change ☐ Addition

**3.2** NAME

**3.3** STREET ADDRESS

**3.4** CITY-ST-ZIP ☐ Change ☐ Addition

**4.1** TITLE ☐ Change ☐ Addition

**4.2** NAME

**4.3** STREET ADDRESS

**4.4** CITY-ST-ZIP ☐ Change ☐ Addition

**5.1** TITLE ☐ Change ☐ Addition

**5.2** NAME

**5.3** STREET ADDRESS

**5.4** CITY-ST-ZIP ☐ Change ☐ Addition

**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)(l), 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]* **Loyce C. Winkler** 3-26-98 850-234-5203

CP2E034 (10/97)