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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000053886**

SHIMMERING SANDS REALTY INC.

3106 THOMAS DR. 3106 THOMAS DR. PANAMA CITY BEACH FL 32408 DO NOT WRITE IN THIS SPACE PANAMA CITY BEACH FL 32408 3. Date Incorporated or Qualifed 07/19/1994 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-3252226 26 \$8.75 Additional Suite, Apt. #, etc. 5. Certifcate of Status Desired Suite, Apt. #, etc. Fee Required 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 This corporation owes the current year Intangible Country Zip MNo Country Personal Property Tax. 30 25 4 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent anore PARAMORE, DANA M Street Address (P.O. Box Number is Not Acceptable) 82 3106 THOMAS DR. PANAMA CITY BEACH FL 32408 83 Zip Code City 84 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change 12. DELETE 1.1 TITLE OP TITLE Dana-Parancore Dunnigan (nonechang). 12 NAME PARAMORE, DANA M NAME 1.3 STREET ADDRESS 3610 W OHENRY DR STREET ADDRESS 1.4 CITY-ST-ZIP PANAMA CITY FL ☐ Addition ☐ Change CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP Addition Change CITY-ST-ZIP DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP ☐ Addition ☐ Change CITY-ST-ZIP DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP Change ☐ Addition CITY-ST-ZIP

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.2 NAME 6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ DELETE

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.

FILED Feb 19, 1999 8:00 am

Secretary of State

02-19-1999 90013 003 ***150.00

☐ Change

CR2E034

☐ Addition