

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000056655 (1)**

1. Corporation Name:

SOUTH WALTON MARINE, INC.



Principal Place of Business

**5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541**

Mailing Address

**5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541**

3. Date Incorporated or Qualified

08/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 10221 W. Emerald Coast Pkwy

2a. Mailing Address

26 10221 W. Emerald Coast Pkwy

Suite, Apt. #, etc.

Suite 26

Suite, Apt. #, etc.

Suite 26

City & State

23 Destin, FL

City & State

28 Destin, FL

Zip

24 32541-4968

Country

25 USA

Zip

29 32541-4968

Country

30 USA

4. FEI Number

59-3257826

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

**WALLACE, W. WADE
5160 HIGHWAY 98 EAST
SUITE 26
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
10221 W. Emerald Coast Parkway

83 Suite 26

84 City

Destin

FL

85 Zip Code

32541-4968

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 printed name of

(NOTE: Registered Agent's Signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PTD WALLACE, DANICE M**
STREET ADDRESS **58 SARASOTA ST.**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ DELETE
NAME **VSD WALLACE, W. WADE**
STREET ADDRESS **58 SARASOTA STREET**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
NAME **PD WALLACE, W. WADE**
1.2 STREET ADDRESS **58 Sarasota St.**
1.3 CITY-ST-ZIP **Destin, FL 32541**

2.1 TITLE ☒ Change ☐ Addition
NAME **VSTD WALLACE, DANICE M.**
2.2 STREET ADDRESS **58 Sarasota Street**
2.3 CITY-ST-ZIP **Destin, FL 32541**

3.1 TITLE ☐ Change ☐ Addition
NAME
3.2 STREET ADDRESS
3.3 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
NAME
4.2 STREET ADDRESS
4.3 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
NAME
5.2 STREET ADDRESS
5.3 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
NAME
6.2 STREET ADDRESS
6.3 CITY-ST-ZIP

**500001844135
-05/30/96--01033--003
***600.00**

**5-1516
AEB**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

W. Wade Wallace

W. Wade Wallace

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96

DATE

(904)837-0155

DAYTIME PHONE #

CR2E034 (12/95)