

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 # **P94000061495 (5)**

1. Corporation Name

THE SOUTH WALTON GROUP, INC.



Principal Place of Business

**1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459**

Mailing Address

**1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/17/1994

3a. Date of Last Report

03/17/1995

4. FEI Number

59-3262464

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

**BUTLER, ALBERT B
1413 HIGHWAY 395
SANTA ROSA BEACH FL 32459**

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 (not applicable)

(If the Registered Agent Signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **BUTLER, ALBERT B**
STREET ADDRESS **1413 HIGHWAY 395**
CITY-STATE-ZIP **SANTA ROSA BEACH FL 32459**

TITLE **D** ☐ DELETE
NAME **BRANNON, RONNIE L**
STREET ADDRESS **P.O. BOX 504 N/A**
CITY-STATE-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ DELETE
NAME **SCHISSLER, FRANK M IV**
STREET ADDRESS **RT. 2, BOX 281**
CITY-STATE-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ DELETE
NAME **LOGAN, KEVIN O**
STREET ADDRESS **P.O. BOX 577 N/A**
CITY-STATE-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ DELETE
NAME **SCHISSLER, GEORGE D SR.**
STREET ADDRESS **RT. 3, BOX 61**
CITY-STATE-ZIP **FREEPORT FL 32439**

TITLE **D** ☐ DELETE
NAME **SCHISSLER, WILLIAM H**
STREET ADDRESS **P.O. BOX 288 N/A**
CITY-STATE-ZIP **FREEPORT FL 32439**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/96 904-231-4428
Date & Phone #

CR2E034 (12/95)