FILED Apr 14, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000068666

SUNSAIL	. DEVELOPMENT CORPORA	ATION							
Principal Place of Business Mailing Address 1234 AIRPORT RD. POST OFFICE BOX 24							1 (55(55) (10 10(1) 510) 55(1) 55(1) 55(1)	reset rm-18 8:114	
SUITE 121 DESTIN FL 32540 DESTIN FL 32540 US							DO NOT WRITE IN THIS	SPACE	
	•						3. Date Incorporated or Qualifed		
							09/16/1994	 -	
2. Principal P	lace of Business	2a. Mailing Address					4. FEI Number	<u> </u>	pplied For
21		26					59-3270234		ot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc. 27							5. Certifcate of Status Desired	Fee R	tequired
City & State City & State							6. Election Campaign Financing		May Be
23		28	0				Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	intry			8. This corporation owes the current year In	angible Yes	No
24	9. Name and Address of Curren		30				Personal Property Tax. 10. Name and Address of New Registered		4
	3. Maine and Address of Curren	t Kedisteren våent	•	81	Name		Tel Halle and President of Health Health		
Blue, F. Lloyd Jr. 357 Defuniak Street				82	Street	Addre	ddress (P.O. Box Number is Not Acceptable)		
SANTA ROSA BEACH FL 32459				83					
				84	City			85 Zip	Code
a .				L			<u> </u>		
office or r	to the provisions of Sections 607.050; registered agent, or both, in the State im familiar with, and accept the obligation	of Florida. Such change was at	unonzec	יעם נ	tne cort	oration	ration submits this statement for the purpose of a's board of directors. I hereby accept the appo	changing it ntment as r	s registered egistered
SIGNATURE									
	Signature, typed or printed name of registered ager			Agen	t signature	required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ID DIDECT	ODE IN 12
12.		ID DIRECTORS	13.			Т	ADDITIONS/CHANGES TO OFFICERS A	Change	
TITLE	DP DINE E LLOVO ID	☐ DETE IE	1.1 TI 1.2 N					L) Crisingo	
NAME					, ADDDECC	.			
STREET ADDRESS	DESTIN FL 32459			1.3 STREET ADDRESS					
CITY-ST-ZIP TITLE	VD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
	RUSHING, JOHN R	<u> </u>	2.2 N						_
NAME STREET ADDRESS	1234 AIRPORT RD., #121		- 1		ADDRESS				
1	DESTIN FL		1	2. 4 CITY-ST-ZIP		1			Ì
CITY-ST-ZIP				3.1 TITLE			· January .	- Change	☐ Addition
NAME	BLUE, SANDRA K.		1	3.2 NAME					
STREET ADDRESS	1234 AIRPORT ROAD 121		3.3 ST	TREET	ADDRESS	,			
CITY-ST-ZIP	DESTIN FL		3.4. C	XTY-S	T-ZIP				<u> </u>
TITLE				4.1 TITLE				Change	Addition
NAME			4.2 N	IAME					
STREET ADDRESS			4.3 ST	TREET	ADDRESS	; 			
CITY-ST-ZIP			4.4 CI	ITY-5	T- ZIP				
TITLE		☐ DELETE	5.1 TI					Change	Addition
NAME			5.2 N						ľ
STREET ADDRESS	1				ADDRESS	3			
CITY-ST-ZIP			_	TY-S	T-ZIP	1			
TITLE		☐ DELETE	6.1 Π			1		Change	Addition
NAME			6.2 N			.[
CTDECT ABODESE	i		■ 6.3 S	IREFT	FADDRESS	śΙ			J

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Rushing

3/26/99

850-837-7903