

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, AMOUNT DUE TO REINSTATE: \$975)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL -3 AM 8:13

DOCUMENT # P94000075290 (4)

1. Corporation Name

BEST IN DESTIN, INC.

Principal Place of Business

671 HWY 90 E
DESTIN FL 32541

Mailing Address

P O BOX 5087
DESTIN FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-3272035

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

7. The corporation has assets, for intangible tax under s. 199.022,
Florida Statutes ☐ Yes ☒ No

23

28

24

Quantity

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCGILL, ROBERT E

1234 AIRPORT RD.

SUITE 123

DESTIN FL 32541

743 Hwy 98 E.

Ste. 5

Destin, FL 32541

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 Agent is (print name, registered agent and title) _____

75371 Registered Agent Signature (print name and address) _____

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D- P
NAME MCGEE, TIMOTHY M
STREET ADDRESS P O BOX 5087 N/A
CITY ST ZIP DESTIN FL 32540

TITLE
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1. TITLE V
2. NAME EVN T. MCGEE
3. STREET ADDRESS P.O. Box 5067
4. CITY ST ZIP DESTIN, FL 32540

5. TITLE
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97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY ST 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)(b), 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:

Timothy M. McGee

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/28/95

(94) 651-8566