SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $225 (IF DISSOLVED, MINIMUM 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 98 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:
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
8. This corporation has tables, for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
Suite, Apt #, etc 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

MCGILL, ROBERT E
~~1234 AIRPORT RD.~~ 743 Hwy 98 E.
~~SUITE 123~~ Ste. 5
~~DESTIN FL 32541~~ Destin, FL 32541

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 ____________ DATE ______

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☒ Addition
1.2 NAME	Eva T. McGee	
1.3 STREET ADDRESS	P.O Box 5067	
1.4 CITY ST ZIP	Destin, FL 32540	
2.1 TITLE		☐ Change ☐ Addition
3.1 TITLE		☐ Change ☐ Addition
4.1 TITLE		☐ Change ☐ Addition
5.1 TITLE		☐ Change ☐ Addition
6.1 TITLE		☐ Change ☐ Addition

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)(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.

SIGNATURE: Timothy M. McGee — 6/28/95 — (904) 654-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)