

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90477 039 ***150.00

DOCUMENT # **P94000083799**

1. Corporation Name

FGN DEVELOPMENT COMPANY, INC.

Principal Place of Business

913 GULF BREEZE PKWY.
HARBOURTOWN #44
GULF BREEZE FL 32561

Mailing Address

PO BOX 1611
GULF BREEZE FL 32562
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/08/1994

4. FEI Number

59-3382675

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

1020 Fort Pickens Rd

2a. Mailing Address

1020 Fort Pickens Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola Beach, FL

City & State

Pensacola Beach, FL

Zip

32561

Country

USA

Zip

32561

Country

USA

9. Name and Address of Current Registered Agent

NORMAN, GEORGE

913 GULF BREEZE PKWY.

HARBOURTOWN #44

GULF BREEZE FL 32561

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1020 Fort Pickens Rd

83

84

City Pensacola Beach

FL

85 Zip Code

32561

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

C George Norman, Jr.

4-29-00

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, GEORGE	1.2 NAME	
STREET ADDRESS	913 GULF BREEZE PKWY.	1.3 STREET ADDRESS	1020 Fort Pickens Rd
CITY-ST-ZIP	GULF BREEZE FL 32561	1.4 CITY-ST-ZIP	Pensacola Beach FL 32561
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

C GEORGE NORMAN JR

4/12/99

850-932-7363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. George NORMAN JR.

4/29/00

850-932-7363

P94000083799

Attachment
CO100559

TRISTAN REALTY, INC. / OPERATING ACCOUNT

7986

Department of State

Date 04/29/00 Check No. 7986

Invoice No.	Amount	Discount	Net Due
P940000	150.00	0.00	150.00
83799	0.00	0.00	0.00
<hr/>			
Total =	150.00	0.00	150.00

TRISTAN REALTY, INC.
OPERATING ACCOUNT
1020 FT. PICKENS ROAD
PENSACOLA BEACH, FL 32561
(850) 932-7363

AMSOUTH
AMSOUTH BANK OF FLORIDA
63-1011/632

7986

7986

**** One Hundred Fifty Dollars and No Cents

DATE

AMOUNT

04/29/00

\$*****150.00

PAY

TO THE

ORDER

OF

Department of State

UBR, Div of Corporations

P O Box 1500

Tallahassee, FL 32302-1500

J. L. Naiman
AUTHORIZED SIGNATURE

⑈007986⑈ ⑆063210112⑆ 3400249009⑈

SECURITY FEATURES INCLUDED. DETAILS ON BACK. Ⓢ