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

PROFIT CORPORATION ANNUAL REPORT

1997

appears in Block 12 or Block

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000026448 (7)

DECOCRETE OF DESTIN, INC.

Principal Place of Business Mailing Address 555 FIRE HOUSE ROAD 555 FIRE HOUSE ROAD **DESTIN FL 32541** DESTIN FL 32541-4244 3. Date Incorporated or Qualified 3a. Date of Last Report 03/30/1995 06/19/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3365891 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 30 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAYNES, ROBERT J 555 FIRE HOUSE ROAD Street Address (P.O. Box Number is Not Acceptable) DESTIN FL 32541 83 84 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 Sagin, we type the product name of registered agent and rate if application (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE THE SHIPES, H. KEIGH NAM 1.2 NAME 555 FIRE HOUSE ROAD 1.3 STREET ADDRESS STEELT ADDRESS. **DESTIN FL 32541** OTY-51-26 1.4 City - St - 7(P DELETE Change \_\_\_ Addition BILLE 2.1 TITLE HAYNES, ROBERT J 2.2 NAME HAME 555 FIRE HOUSE ROAD STREET ATIDRESS 23 STREET ADDRESS DESTIN FL 32541 2.4 CITY-ST-ZIP CITY - ST- 76 DELETE Change Addition Did 31 TITLE 3.2 NAME STREET ADOLESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHY - \$1 - 2# DELETE Change Addition THE 4.1 TITLE NAM 4. 2 NAME STREET ACORESS 4.3 STREET ADDRESS CHY-ST ZI 4.4 CITY - ST - ZIP Change DELETE ☐ Addition 5.1 TITLE THEF MARK 52 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-SY-2IP Onr-SI-ZP DELETE Change Addition THE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CHY+S1-7IP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the

attachment with an address

OF SIGNING OFFICER OR DIRECTOR

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 comporation or the regular or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED
May 07 1997 8:00am
Secretary of State



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