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Mar 03 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000028302 (4)

1. Corporation Name
DESTINAIR VILLAGE, INC.

Principal Place of Business
SHORELINE SHOPPING MALL
892 HWY. EAST, STE. 102
DESTIN FL 32541

Mailing Address
PO BOX 605
DESTIN FL 32540-0605



3. Date Incorporated or Qualified 04/06/1995
3a. Date of Last Report 05/01/1996

4. FEI Number NOT APPLICABLE
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 liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KEMPER, WALLACE C JR
150 GULF SHORE DRIVE, #305
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 required or printed name of registered agent and fee if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME NELSON, THOMAS
STREET ADDRESS 102 DOVER COURT
CITY - ST - ZIP STARKVILLE MS 34759

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ABEL, ALAN
STREET ADDRESS 166 LOLA CIR.
CITY - ST - ZIP DESTIN FL 32541

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ABEL, DRINA
STREET ADDRESS 166 LOLA CIR.
CITY - ST - ZIP DESTIN FL 32541

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME KEMPER, WALLACE C.
STREET ADDRESS 150 GULF SHORE DR., #305
CITY - ST - ZIP DESTIN FL 32541

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE NAME ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/97 904-650-0500

CR2E034 (9/96)