Apr 08, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030208

1. Corporation Name

DOUGLAS LANDING DEVELOPMENT COMPANY, INC.

| DOG GET | | | | | | | | |
|---|--|--|---|---|--|----------------|-------------------------------------|-------------------------------------|
| Principal Place | of Business | Mailing Address | | | | | | |
| 751 DOUGLAS LANDING RD . 11 BEACHSIDE DR | | 11 BEACHSIDE DR | | | | | | |
| WEWAHITCHKA FL 32465 | | #914 | | DO NOT WELL | TE IN THIS C | DACE | | |
| | | SANTA ROSA BEACH FL 324 | 59 | | DO NOT WRI | IE IN I HIS S | PACE | •• |
| | | | | | 3. Date Incorporated or Qualifed 04/13/1995 | | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | | | plied For |
| 21 | | 26 | | | 59-3307414 | | | t Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | - | 5. Certificate of Status Desired | | \$8.75 | |
| 22 | | 27 | | | | | Fee Re | |
| City & State | e , | City & State | | | 6. Election Campaign Financing | | \$5.00 | • |
| 23 | | 28 | | | Trust Fund Contribution | | Added t | o Fees |
| Zip | Country | Zip _ | Country | • | 8. This corporation owes the curr | - | ngible | > √ |
| 24 | 25 | 29] 30 | 0 | | Personal Property Tax. | | | ⊠ No |
| | 9. Name and Address of Current | Registered Agent | _ | | 10. Name and Address of New F | Registered A | gent | |
| | A PHOPME NO 1375 | | 81 | Name | | | | |
| | N, EUGENE N | | 82 | Street Addr | ess (P.O. Box Number is Not Accepta | able) | | |
| | EACHSIDE DRIVE | | | | | | | |
| | | | 83 | | | | | ĺ |
| SAN | TA ROSA BEACH FL 32459 | | 84 | City | | | 85 Zip (| Code |
| | | | <u> </u> | | | FL | 1 1 | |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Statutes, | , the above | -named corp | oration submits this statement for the | purpose of c | hanging its | registered |
| office or re | egistered agent, or both, in the State of familiar with, and accept the obligation | of Florida. Such change was auth | nonized by ' | the corporation | on's board or directors, I hereby accep | or the appoint | imeni as ie | gistered |
| j agent. i ar | II lamiliai witii, and accept the obligati | ons of, Section 607.0505, Fiolia | a ciatotos. | - | | | | ļ |
| SIGNATURE | | | | | d when reinstating) | DATE | | |
| SIGNATURE | Signature, typed or printed name of registered agent | and title if applicable. (NOTE: Re | egistered Agen | | d when reinstating) ADDITIONS/CHANGES TO OF | | DIRECTO | DRS IN 12 |
| SIGNATURE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: Re | | | | | DIRECTO | DRS IN 12 |
| SIGNATURE 12. TITLE | Signature, typed or printed name of registered agent OFFICERS AND | and title if applicable. (NOTE: Re | 13. | | | | | |
| SIGNATURE 12. TITLE NAME | Signature, typed or printed name of registered agent OFFICERS AND PD VANN, DAVID J | and title if applicable. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME | it signature required | | | | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS | Signature, typed or printed name of registered agent OFFICERS AND PD VANN, DAVID J 2831 HIGHLAND AVE, APT 710 | and title if applicable. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME 1.3 STREET | it signature required | | | | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | Signature, typed or printed name of registered agent OFFICERS AND PD VANN, DAVID J 2831 HIGHLAND AVE, APT 710 BIRMINGHAM AL 35205 | and title if applicable. (NOTE: ReD DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST | it signature required | | | ☐ Change | |
| SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Signature, typed or printed name of registered agent OFFICERS AND PD VANN, DAVID J 2831 HIGHLAND AVE, APT 710 BIRMINGHAM AL 35205 EVPD | and title if applicable. (NOTE: Re | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST | it signature required | | | | ☐ Addition |
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DADEVILLE AL 36853 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 suppliemental 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.

6.3 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

324 SMOKERISE