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FILED

Mar 30 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000035925 (3)**

1. Corporation Name

**THE GRAND CARIBBEAN COMPANY**

Principal Place of Business

**1209 AIRPORT RD  
4  
DESTIN FL 32541  
US**

Mailing Address

**P.O. BOX 1805  
DESTIN FL 32540**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**05/08/1995**

4. FEI Number

**59-3323741**

Applied For

Not Applicable

2. Principal Place of Business

**21 26468 Emerald Coast Pkwy**

2a. Mailing Address

**26 36468 Emerald Coast Pkwy**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 1201**

**27 Suite 1201**

City & State

City & State

**23**

**28 Destin, FL**

Zip

Country

Zip

Country

**24**

**25**

**29 32541**

**30**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRAEMER, MARY K  
727 HWY. 98 EAST  
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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**D  
NAME GWIN, CURTIS H  
STREET ADDRESS 1209 AIRPORT RD, SUITE 4  
CITY-ST-ZIP DESTIN FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**36468 Emerald Coast Pkwy, Suite 1201  
Destin, FL 32541**

TITLE ☐ DELETE

**D  
NAME SHOULTS, HOWARD R  
STREET ADDRESS 1209 AIRPORT RD, SUITE 4  
CITY-ST-ZIP DESTIN FL**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**36468 Emerald Coast Pkwy, Suite 1201  
Destin, FL 32541**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*Howard R Shoults*

**3-25-98**

**850-837-0392**

CR2E034 (10/97)