

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90027 004 ***150.00

DOCUMENT # P95000038722

1. Corporation Name
DESTIN BEACH SERVICE, INC.



Principal Place of Business
211 ROSE MARIE LN
FT WALTON BEACH FL 32548

Mailing Address
211 ROSE MARIE LN
FT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/15/1995

4. FEI Number

59-3331994

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

Destin, FL

27 City & State

Destin, FL

24 Zip

32541

Country USA

29 Zip

32541

Country

USA

9. Name and Address of Current Registered Agent

SPEARS, JAMES T
211 ROSE MARIE LN
FT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name Gretchen Konig

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

202 Sibert Ave.

83

84 City Destin, FL

FL

85 Zip Code 32541

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 Gretchen Konig Gretchen Konig

3-19-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SPEARS, JAMES T
STREET ADDRESS 211 ROSE MARIE LN
CITY-ST-ZIP FT WALTON BEACH FL 32548

☒ DELETE

TITLE President
NAME Gretchen
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE President
NAME Konig, Gretchen
STREET ADDRESS 202 Sibert Ave
CITY-ST-ZIP Destin, FL 32541

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President
1.2 NAME Gretchen Konig
1.3 STREET ADDRESS 202 Sibert Ave.
1.4 CITY-ST-ZIP Destin, FL 32541

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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: Gretchen Konig Gretchen Konig 3-19-99 (850) 837-4032 376-1411

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)