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May 09 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 # **P95000039785 (7)**

1. Corporation Name
ELD, INC.

Principal Place of Business	Mailing Address
39987 EMERALD COAST PKWY DESTIN FL 32541	P.O. BOX 5220 NICEVILLE FL 32578-5220

3. Date Incorporated or Qualified: 05/16/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3322268 ☐ 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

9. Name and Address of Current Registered Agent

SHARPE, JAMES A
~~225 MAIN STREET, SUITE 16~~
DESTIN FL 32540

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 39987 Emerald Coast Parkway

83

84 City: Destin 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: James A. Sharpe James A. Sharpe, President 4/22/97
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SHARPE, JAMES A	1.2 NAME	
STREET ADDRESS	39987 EMERALD COAST PKWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	VP ☒ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	WEAVER, DAVID C	2.2 NAME	ANGNER, JOSEPH J.
STREET ADDRESS	4540 HWY 20 EAST	2.3 STREET ADDRESS	2598 MAPLE GROVE COVE
CITY-ST-ZIP	NICEVILLE FL 32578	2.4 CITY-ST-ZIP	GERMANTOWN, TN 38139
TITLE	ST ☒ DELETE	3.1 TITLE	T ☐ Change ☒ Addition
NAME	RIGGS, STEPHEN C	3.2 NAME	CHRISTIE, GERALD J.
STREET ADDRESS	348 S.W. MIRACLE STRIP PKWY, SUITE 34	3.3 STREET ADDRESS	1348 EMERALD BAY DRIVE
CITY-ST-ZIP	FT WALTON BEACH FL 32548	3.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	S ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRIS, HELENE R	4.2 NAME	
STREET ADDRESS	4540 HWY 20 EAST	4.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	S ☐ Change ☒ Addition
NAME		5.2 NAME	SHANNON S. CARR
STREET ADDRESS		5.3 STREET ADDRESS	736 ST. THOMAS COVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NICEVILLE, FL 32578
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Shannon S. Carr SHANNON S. CARR 4-30-97 904-654-4550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #