

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

DOCUMENT # **P95000039785**

1. Corporation Name
ELD, INC.

Principal Place of Business
**39987 EMERALD COAST PKWY
DESTIN FL 32541**

Mailing Address
**P.O. BOX 5220
NICEVILLE FL 32578**

FILED
Aug 10, 1999 8:00 am
Secretary of State

08-10-1999 90020 034 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/16/1995

4. FEI Number
59-3322268

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HALL, STEVE
36468 EMERALD COAST PKWY
BLDG II, SUITE 2201 OLD SOUTH CENTRE
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DP
SHARPE, JAMES A**
STREET ADDRESS **39987 EMERALD COAST PKWY**
CITY-ST-ZIP **DESTIN FL 32541**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD
ANGNER, JOSEPH J**
STREET ADDRESS **2500 MAPLE GROVE COVE**
CITY-ST-ZIP **GERMANTOWN TN 38139**

2.1 TITLE ☒ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD
CHRISTIE, GERALD J**
STREET ADDRESS **1348 EMERALD BAY DR**
CITY-ST-ZIP **DESTIN FL 32541**

2.4 CITY-ST-ZIP **DESTIN, FLORIDA 32541**

TITLE ☐ DELETE

NAME **D
MCGILL, LARRY**
STREET ADDRESS **2323 10 MAIN SUITE 217**
CITY-ST-ZIP **DOTHAN AL 36302**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **S
CARR, SHANNON S**
STREET ADDRESS **736 ST THOMAS COVE**
CITY-ST-ZIP **NICEVILLE FL**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D
GIESEN, ANDREW E**
STREET ADDRESS **588 MOONEY RD**
CITY-ST-ZIP **FT WALTON BEACH FL 32547**

6.1 TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99 850-654-4550

CR2E034 (1/98)