## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

	1996	DIVISION OF	CORPORATIONS		
DOCU 1. Corporation	MENT # P95	5000046768 (4	<b>l)</b>		
RILIN,	, INC.			I IEENIERI NE IENEN BRIN BRIN ERIN ER	: :::: 18:::   18:::   18:::   18:::   18:::   18:::   18:::   18:::   18:::   18:::   18:::   18:::   18:::   1
Principal Place	e of Business	Mailing Address			
POST OFFICE BOX 5404 DESTIN FL 32540		POST OFFICE BOX 54 DESTIN FL 32540	POST OFFICE BOX 5404 DESTIN FL 32540		
				3. Date Incorporated or Qualified 3. 06/09/1995	3a. Date of Last Report
. Principal Pl	Place of Business	2a. Mailing Address		4. FEI Number	Appled For
L Suite, Apt.	#, etc.	<b>26</b>		59-3320318	Not Applicab
		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State	·	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zφ	Country	Zip	Country	This corporation has liability for inta	Added to Fees
	9. Name and Address of C	29 Current Registered Agent	30	Florida Statutes 🛱 Yes [	] No
	g, traine mine received	Solient Bedistelen Whom	81 Name	10. Name and Address of New Regi	stered Agent
	MANN, RICHARD P			ress (P.O. Box Number is Not Acceptable)	
25 NE \	WALTER MARTIN ROAD			Ifess (P.O. Dux number is not neceptable)	
FORT W	WALTON BEACH FL 32548		83		77 61-
			84 Orty		85 Zip Code
Pursuant t	to the provisions of Sections 607	7 0502 and 607 1508 Florida Statute	a No shows named course	the state of the state of the state of	FL   S   Z   COOR
familiär wit GNATURE	ith, and accept the obligations of	f, Section 607.0505, Florida Statutes.	s, the above named corporation's board by the corporation's board.	ration submits this statement for the purpos and of directors. I hereby accept the appoint	
familiär wit GNATURE	ith, and accept the obligations of Signature, typesfor printed name of registary	f, Section 607.0505, Florida Statutes.	is, the above named corporate by the corporation's boars.	ru or orectors. ) neretry accept the appoint	e of changing its registered off ment as registered agent. I am
familiär wit GNATURE LE	Signature, typest or printed name of registare  OFFICER	f, Section 607.0505, Florida Statutes.	E Registered Agent signer or Ensem	ird of directors. I hereby accept the appoint	e of changing its registered off ment as registered agent. I am
familiär wit GNATURE LE	Signature, typed or printed name of registers  OFFICER  D  RILEE, JOHN K	f, Section 607.0505, Florida Statutes.  co apert and tille f applicable (NOT SEANO DIRECTORS)  DELETE	E Registered Agent Signature resum-  13. 1 1 TITLE  12 NAME	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I am trare RS AND DIRECTORS IN 12
familiår wit GNATURE	Signature, typed or printed name of registers  OFFICER  D  RILEE, JOHN K  POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  co apert and tille f applicable (NOT SEANO DIRECTORS)  DELETE	TE Registered Agent Signature resource  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I am trare RS AND DIRECTORS IN 12
familiar wit	Signature, typed or printed name of registers  OFFICER  D  RILEE, JOHN K	f, Section 607.0505, Florida Statutes.  co apert and tille f applicable (NOT SEANO DIRECTORS)  DELETE	E Registered Agent Signature resum-  13. 1 1 TITLE  12 NAME	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I am that TS AND DIRECTORS IN 12 Change Additio
Familiar wit	Signature, typed or printed name of registers of OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF	f, Section 607.0505, Florida Statutes.  colayed and tile flagificatio (NOT RS AND DIRECTORS)  DELETE  DELETE	TE Registered Agest Signature resource  13.  1 1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY ST-ZIP	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I an trare RS AND DIRECTORS IN 12
familiar wit	Signature, typed or printed name of registrate OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  colayed and tile flagificatio (NOT RS AND DIRECTORS)  DELETE  DELETE	13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY STUTE 2 1 TITLE	ru or orectors. ) neretry accept the appoint	e of changing its registered of changing its registered agent. I and that the change is a constant of the change is a change in the change is additional of the change is additional of the change is a change in the change in the change is a change in the change is a change in the change in the change is a change in the change in the change in the change is a change in the change in the change in the change is a change in the change in the change in the change in the change is a change in the
familiar wit  GNATUHE  LE  ME  IFET ADDRESS  Y-SI-ZIP  LE  AE  EEL ADDRESS  Y-SI-ZIP	Signature, typed or printed name of registers of OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF	f, Section 607.0505, Florida Statutes.  ec agent and their applicable (NOT INS AND DIRECTORS)  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2.3 STREET ADDRESS 4.4 CITY-ST-ZIP 2 1 TITLE 2 2 NAME 2.4 CITY-ST-ZIP	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I an mark  TATE  Change Addition  Change Addition  Change Addition
familiar wit GNATURE LE ME ME ME 1 ADDRESS Y-SI-ZIP LE ME	Signature, typed or printed name of registrate OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  colayed and tile flagificatio (NOT RS AND DIRECTORS)  DELETE  DELETE	13. 1 1 DILE 1.2 NAME 1.3 STREEL ADDRESS 1.4 CHY-SI-ZIP 2 1 THE 2 2 NAME 2.3 STREEL ADDRESS 2.4 CHY-SI-ZIP 3 1 THEF	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I an mark  TATE  Change Addition  Change Addition  Change Addition
familiär wit GNATURE _  L  LE  ME HET ADDRESS Y-ST-ZIP LE  ME HEEL ADDRESS Y-ST-ZIP LE  ME HEEL ADDRESS ME HEEL ADDRESS	Signature, typed or printed name of registrate OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  ec agent and their applicable (NOT INS AND DIRECTORS)  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST-ZIP 3 1 TITLE 3 2 NAME	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I an mark  TATE  Change Addition  Change Addition  Change Addition
familiar wit GNATURE _  E.  LE ME HEET ADDRESS Y-S1-ZIP LE ME HEET ADDRESS Y-S1-ZIP EE ME HEET ADDRESS	Signature, typed or printed name of registrate OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  ec agent and their applicable (NOT INS AND DIRECTORS)  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1.3 STREET ADDRESS 1.4 CITY ST-ZIP 2 1 TITLE 2 NAME 2.3 STREET ADDRESS 2.4 CITY ST-ZIP 3 1 TITLE 3 2 NAME 3.3 STREET ADDRESS 3.4 STREET ADDRESS 3.4 STREET ADDRESS 3.5 STREET ADDRESS 3.5 STREET ADDRESS	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I an mark  TATE  Change Addition  Change Addition  Change Addition
familiar wit GNATURE _  E.  LE ME HEEL ADDRESS Y-S1-ZIP	Signature, typed or printed name of registrate OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  ec agent and their applicable (NOT INS AND DIRECTORS)  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST-ZIP 3 1 TITLE 3 2 NAME	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I an ment agent
familiar wit GNATURE _  E.  LE ME	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules.  co agent and tile if applicable policy.  The DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY ST-ZIP 2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY ST-ZIP	ru or orectors. ) neretry accept the appoint	e of changing its registered or ment as registered agent. I an ment agent
FAMILIAN WITE  CONATURE  LE  ME  HELLADORESS  Y-S1-ZIP  LE  ME  HELLADORESS  Y-S1-ZIP  LE  ME  HELLADORESS  Y-S1-ZIP  LE  ME  HELLADORESS  WE  HELLADORESS  HELLADORESS  WE  HELLADORESS	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules.  co agent and tile if applicable policy.  The DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I an  DATE  TEATE  TEAT
familiar wit GNATURE  E.  LE ME HEET ADDRESS Y-S1-ZIP LE ME HEET ADDRESS	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules. cc apert and their applicatio (NOT SS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3 1 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS  34 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I and that the change of the c
familiar wit GNATURE  LE ME	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules.  co agent and tile if applicable policy.  The DELETE  DELETE  DELETE  DELETE  DELETE	13.  1 1 TITLE  12 NAME  13 STREET ADDRESS  14 CHY-ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 CHY-ST-ZIP  3 1 TITLE  32 NAME  33 STREET ADDRESS  34 CHY-ST-ZIP  4. 1 TITLE  42 NAME  43 STREET ADDRESS  44 CHY-ST-ZIP  5 1 TITLE	ru or orectors. ) neretry accept the appoint	e of changing its registered oment as registered agent. I an  PATÉ PIS AND DIRECTORS IN 12 Change Addition Change Addition Addition Change Addition Addition
Familiar wit GNATURE  2. LE ME ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS Y-ST-ZIP LE WE HEET ADDRESS Y-ST-ZIP LE WE HEET ADDRESS HEET ADDRESS Y-ST-ZIP LE ME HEET ADDRESS HEET ADDRE	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules. cc apert and their applicatio (NOT SS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13.  1 1 TITLE  12 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP  2 1 TITLE  22 NAME  23 STREET ADDRESS  24 CITY-ST-ZIP  3 1 TITLE  32 NAME  33 STREET ADDRESS  34 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS  34 CITY-ST-ZIP  4.1 TITLE  42 NAME  43 STREET ADDRESS  44 CITY-ST-ZIP	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I and the charge of the change of the chan
Familiar wit  GNATURE  2.  LE  ME  ME  HEET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  Y-ST-ZIP  LE  WE  REET ADDRESS  Y-ST-ZIP  LE  ME  ME  HEET ADDRESS  HEET ADDRESS  HEET ADDRESS  HEET ADDRESS  HEET ADDRESS	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules. cc apert and their applicatio (NOT SS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME	ru or orectors. ) neretry accept the appoint	e of changing its registered of changing its registered agent. I and the change of the
FAMILIAN WITE  AME  AME  AME  AME  AME  AME  AME  A	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statules. cc apert and their applicatio (NOT SS AND DIRECTORS  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 53 ACRES ADDRESS 54 CITY-ST-ZIP 55 TITLE 55 NAME 56 STREET ADDRESS	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I and the first section of the firs
familiar wit GNATURE	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  colayort and the diapplicatio (NOTRS AND DIRECTORS)  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 4.1 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 5 1 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I and that the change of the
familiär wit IGNATURE	Signature, typerfor printed name of registare OFFICER  D RILEE, JOHN K POST OFFICE BOX 540 DESTIN FL 32540 D LINN, JEFF POST OFFICE BOX 540	f, Section 607.0505, Florida Statutes.  colayort and the diapplicatio (NOTRS AND DIRECTORS)  DELETE  DELETE  DELETE  DELETE  DELETE	13. 1 1 TITLE 12 NAME 13 STREET ADDRESS 14 CHY-ST-ZIP 2 1 TITLE 22 NAME 23 STREET ADDRESS 24 CHY-ST-ZIP 3 1 TITLE 32 NAME 33 STREET ADDRESS 34 CHY-ST-ZIP 4.1 TITLE 42 NAME 4.3 STREET ADDRESS 4.4 CHY-ST-ZIP 5 1 TITLE 5 2 NAME 6 3 STREET ADDRESS 5.4 CHY-ST-ZIP 6 1 TITLE 5 2 NAME 6 3 STREET ADDRESS 5.4 CHY-ST-ZIP 6 1 TITLE	ru or orectors. ) neretry accept the appoint	e of changing its registered of ment as registered agent. I and that the change of the

SIGNATURE:

John K. Rilee 4/12/96 (god) 837 863