

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

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Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000049695 (6)**

1. Corporation Name
FOUNTAIN INVESTMENTS, INC.

Principal Place of Business

**151 REGIONS WAY
BLDG. 2, SUITE C
DESTIN FL 32541**

Mailing Address

**PO BOX 5623
DESTIN FL 32540**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 **151 REGIONS WAY**

27 Suite, Apt. #, etc.

28 **Suite 2-C**

29 City & State

30 **DESTIN FL 32541**

31 Zip Country

32 33

4. FEI Number

59-3330294

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PERRY, MIKEL L
ROUTE 2 BOX 100-X
FREEPORT FL 32439**

10. Name and Address of New Registered Agent

81 Name **DIANE WILKS**
82 Street Address (P.O. Box Number is Not Acceptable)
151 REGIONS WAY, STE. 2-C
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 **DIANE WILKS**

DIANE WILKS PRESIDENT

3/16/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **WILKS, DIANE**
STREET ADDRESS **151 REGIONS WAY, BLDG. 2, SUITE C**
CITY-ST-ZIP **DESTIN FL 32541**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition
1.2 NAME **PATRICK L. CHISMOLM**
1.3 STREET ADDRESS **151 REGIONS WAY, SUITE 2-C**
1.4 CITY-ST-ZIP **DESTIN FL 32541**

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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: **DIANE WILKS** **3/16/98** **850-837-1853**

CR2E034 (10/97)