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PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000052025 (0)**

1. Corporation Name
TIDEWATER DEVELOPMENT CORPORATION OF NORTHWEST F LORIDA, INC.

Principal Place of Business	Mailing Address
8095 NAVARRE PKWY NAVARRE FL 32566 US	8095 NAVARRE PKWY NAVARRE FL 32566-7551 US

3. Date Incorporated or Qualified: 06/30/1995
3a. Date of Last Report: 05/09/1996
4. FEI Number: 59-3327658 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 T.D.C. OF N.W. FLORIDA, INC	26 T.D.C. OF N.W. FLORIDA, INC
Suite, Apt. #, etc. 22 6744 LIBERTY ST.	Suite, Apt. #, etc. 27 6744 LIBERTY ST
City & State 23 NAVARRE FLORIDA	City & State 28 NAVARRE FLORIDA
Zip / Country 24 32566 / 25 U.S.A.	Zip / Country 29 32566 / 30 U.S.A

9. Name and Address of Current Registered Agent

LEMAY, LYNN M
7057 SUMMIT DRIVE
NAVARRE FL 32566

10. Name and Address of New Registered Agent

81 Name: SHARON I. BARIL
82 Street Address (P.O. Box Number is Not Acceptable): 6744 LIBERTY ST.
83
84 City: NAVARRE FL 85 Zip Code: 32566

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: Sharon I. Baril — 5/22/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D ☐ Change ☐ Addition
NAME	BARIL, SHARON I	1.2 NAME	BARIL SHARON I.
STREET ADDRESS	7057 SUMMIT DRIVE	1.3 STREET ADDRESS	6744 LIBERTY ST.
CITY-ST-ZIP	NAVARRE FL 32566	1.4 CITY-ST-ZIP	NAVARRE FL. 32566
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: Sharon I. Baril (SHARON I. BARIL) 5/22/97 (904) 939-9500