

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P95000056388 (8)**

1. Corporation Name

POINTE SOUTH, INC.



Principal Place of Business

**309 LAN-ROB LANE
DESTIN FL 32541**

Mailing Address

**POST OFFICE BOX 1805
DESTIN FL 32540**

2. Principal Place of Business

2a. Mailing Address

21

26

P.O. BOX 487

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

DESTIN, FL

Zip

Country

Zip

Country

24

25

29

32540-487

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

4. FEI Number

59-3324984

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 in parentheses

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
D SHOULTS, MICHAEL A
STREET ADDRESS
309 LAN-ROBER LANE
CITY-ST-ZIP
DESTIN FL 32541

TITLE ☐ DELETE

NAME
D SHOULTS, BRADLEY T
STREET ADDRESS
POST OFFICE BOX 5282 N/A
CITY-ST-ZIP
DESTIN FL 32540

TITLE ☐ DELETE

NAME
D GWIN, CURTIS H
STREET ADDRESS
POST OFFICE BOX 1805 N/A
CITY-ST-ZIP
DESTIN FL 32540

TITLE ☐ DELETE

NAME
D SHOULTS, HOWARD RAY H
STREET ADDRESS
POST OFFICE BOX 1805 N/A
CITY-ST-ZIP
DESTIN FL 32540

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

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, on an attachment with an address.

SIGNATURE: *Michael A. Shoults* **MICHAEL A. SHOULTS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96
Date

(904) 837-3937
Daytime Phone #

CR2E034 (12/95)