

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000056388 (8)

1. Corporation Name
POINTE SOUTH, INC.

Principal Place of Business

743 HIGHWAY 90 EAST
STE-4
DESTIN FL 32541
US

Mailing Address

P.O. BOX 487
DESTIN FL 32540-487
US

2. Principal Place of Business

21 36468 Emerald Coast Pkwy

Suite, Apt. #, etc.

22 Suite 1101

City & State

23 Destin, FL

Zip

24 32541

Country

25

2a. Mailing Address

26 36468 Emerald Coast Pkwy

Suite, Apt. #, etc.

27 Suite 1101

City & State

28 Destin, FL

Zip

29 32541

Country

30

9. Name and Address of Current Registered Agent

SHOULTS, MICHAEL A
309 LAN-ROB LANE
DESTIN FL 32541

3. Date Incorporated or Qualified

07/20/1995

4. FEI Number

59-3324984

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

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME 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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 *R. A. Shultz* 130000056388 4.26 98 850837.3200

FILED
May 07 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

CP2E034 (10/97)