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

PROFIT CORPORATION ANNUAL REPORT

1997

Suite, Apt. #, etc.

22

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

97 SEP 26 11 9 18 DOCUMENT # P95000056424 (1) SEGRE MEY DE BTAIL TALL AHASSEE FLORIDA GREDAN DEVELOPMENT, INC. Principal Place of Business Mailing Address 737 HWY 98 EAST JUNIT 7 737 HWY 98 EAST UNIT 7 DESTIN FL 32541 **DESTIN FL 32541-2538** 3. Date Incorporated or Qualified 3a. Date of Last Report 07/18/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3327853 26 Not Applicable

Suite, Apt. #, etc

27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country Z(D) 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name OSWALT, GREGORY S 737 HWY 98 EAST UNIT 7 82 Street Address (P.O. Box Number is Not Acceptable) **DESTIN FL 32541** 83

5. Certificate of Status Desired

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.

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SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agend and fille if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (6) TITLE DELETE Change ___ Addit on 1.1 TO LE **OSWALT, GREGORY S** NAME 1.2 NAME **737 HWY 98 EAST UNIT 7** STREET ADDRESS 1.3 STREET ADDRESS **DESTIN FL 32541** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change ☐ Addition TITLE 21 TITLE 500002309285--6 -10/01/97--01105--019 NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS ****550.00 ****SS0.00 CITY-ST-ZIP 2. 4 DHY-ST-ZIP DLIFTE TITLE 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 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITE 6.1 TITLE Addition NAM 62 NAME STREET PORESS 6.3 STHEFT ADDRESS

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 tastee 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 this in address.

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0/12/97

\$8.75 Additional

Fee Required

Zip Code