

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

FILED  
Apr 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **P95000082649 (1)**  
1. Corporation Name  
**RESORT MANAGEMENT SERVICES-EMERALD COAST, INC.**

Principal Place of Business <b>2996 HWY. 98 E. DESTIN FL 32541</b>	Mailing Address <b>2996 HWY. 98 E. DESTIN FL 32541-3510</b>
---	--



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1995</b>		3a. Date of Last Report <b>05/01/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>APPLIED FOR 59-3348564</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>FORBES, JAMIE III 2996 HWY. 98 E. DESTIN FL 32541</b>				10. Name and Address of New Registered Agent			
				81. Name <b>STME</b>			
				82. Street Address (P.O. Box Number is Not Acceptable) <b>9705 U.S. HWY 98 WEST</b>			
				83. Suite <b>SUITE 200</b>			
				84. City <b>STME</b>			
				85. Zip Code <b>FL</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>STME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUTLAND, DONALD W.</b>			1.2 NAME	<b>STME</b>		
STREET ADDRESS	<b>2996 HWY. 98 E.</b>			1.3 STREET ADDRESS	<b>9705 U.S. HWY 98 WEST, STE 200</b>		
CITY-ST-ZIP	<b>DESTIN FL 32541</b>			1.4 CITY-ST-ZIP	<b>STME</b>		
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>STME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CALLAHAN, MERVIN A.</b>			2.2 NAME	<b>STME</b>		
STREET ADDRESS	<b>2996 HWY. 98 E.</b>			2.3 STREET ADDRESS	<b>9705 U.S. HWY 98 WEST, STE 200</b>		
CITY-ST-ZIP	<b>DESTIN FL 32541</b>			2.4 CITY-ST-ZIP	<b>STME</b>		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>STME Vice Pres / Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FORBES, JAMIE III</b>			3.2 NAME	<b>STME</b>		
STREET ADDRESS	<b>2996 HWY. 98 E.</b>			3.3 STREET ADDRESS	<b>9705 U.S. HWY 98 WEST, STE 200</b>		
CITY-ST-ZIP	<b>DESTIN FL 32541</b>			3.4 CITY-ST-ZIP	<b>STME</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>STME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MACLIN, HENRY W.</b>			4.2 NAME	<b>STME</b>		
STREET ADDRESS	<b>2996 HWY. 98 E.</b>			4.3 STREET ADDRESS	<b>9705 U.S. HWY 98 WEST, STE 200</b>		
CITY-ST-ZIP	<b>DESTIN FL 32541</b>			4.4 CITY-ST-ZIP	<b>STME</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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: **JAMIE FORBES III**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: **3/24/97**  
Daytime Phone #: **837-2113**

CR2E034 (9/96)