

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 24, 1999 8:00 am**  
**Secretary of State**

05-24-1999 90011 007 \*\*\*150.00

DOCUMENT # P9500008264916K  
1. Corporation Name RESORT MANAGEMENT SERVICES - EMERALD COAST, INC.

Principal Place of Business 2996 Hwy. 98E  
DESTIN, FL 32541  
Mailing Address 2996 Hwy. 98E  
DESTIN, FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/27/95

2. Principal Place of Business  
35008 EMERALD COAST PARKWAY  
Suite, Apt. #, etc. SUITE 400  
City & State DESTIN FL  
Zip 32541 Country US  
2a. Mailing Address  
35008 EMERALD COAST PARKWAY  
Suite, Apt. #, etc. SUITE 400  
City & State DESTIN, FL  
Zip 32541 Country US

4. FEI Number 59-3348564  
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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORBES, JAMIE III  
35008 EMERALD COAST PARKWAY  
STE 400  
DESTIN, FL 32541

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME RUTLAND, DONALD W.  
STREET ADDRESS 35008 EMERALD COAST PKWY, STE 400  
CITY-ST-ZIP DESTIN, FL 32541  
TITLE ☐ DELETE  
NAME FORBES, JAMIE III  
STREET ADDRESS 35008 EMERALD COAST PKWY STE 400  
CITY-ST-ZIP DESTIN, FL 32541  
TITLE ☐ DELETE  
NAME MALLIN, HENRY W  
STREET ADDRESS 35008 EMERALD COAST PKWY STE 400  
CITY-ST-ZIP DESTIN, FL 32541  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 V  
4.3 STREET ADDRESS KEMPER PLUMMER, CLARA  
4.4 CITY-ST-ZIP 35008 EMERALD COAST PKWY STE 400  
DESTIN FL 32541  
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, with all other like empowered.

SIGNATURE: Donald Rutland April 28, 1999 850 837 6400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)