

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084452 (8)

1. Corporation Name:

BOK OF SOUTH WALTON, INC.



Principal Place of Business

25 WALTER MARTIN ROAD, N.E.
FT. WALTON BEACH FL 32548

Mailing Address

25 WALTER MARTIN ROAD, N.E.
FT. WALTON BEACH FL 32548

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

3. Date Incorporated or Qualified

11/03/1995

3a. Date of Last Report

N/A

4. FEI Number

62-1633772

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD, N.E.
FT. WALTON BEACH FL 32548

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 607.1501, 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 this is applicable

(If title, position, Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME GRIMSLEY, JAMES W
STREET ADDRESS 25 WALTER MARTIN ROAD, N.E.
CITY-ST-ZIP FT. WALTON BEACH FL 32548

TITLE President ☐ DELETE
NAME Ronald M. Byrnes
STREET ADDRESS 4100 Langston Cove
CITY-ST-ZIP Memphis, TN 38117

TITLE Vice President ☐ DELETE
NAME Frank King
STREET ADDRESS Box 5072 (N/A)
CITY-ST-ZIP Destin, FL 32540

TITLE Secretary ☐ DELETE
NAME Max B. Ostner, Jr.
STREET ADDRESS 1470 Goodbar Ave.
CITY-ST-ZIP Memphis, TN 38104

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

100001845471
-05/31/96--01019--046
***225.00

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; the recorder 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. I am on an appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

681-0499

Date

Corporate Phone #

CR2E034 (12/95)