

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

DOCUMENT # P95000087723

1. Corporation Name

GRAND STRAND REALTY OF PENSACOLA, INC.

Principal Place of Business

HWY 98 W SUITE B
PENSACOLA FL 32506
US

Mailing Address

7555 HWY 98 WEST
PENSACOLA FL 32507
US

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90014 005 ***150.00

03-19-1999 90014 006 *****8.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1995

4. FEI Number

59-3348117

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

2. Principal Place of Business

21 7575 HWY 98 WEST
Suite, Apt. #, etc.

2a. Mailing Address

26 7575 HWY 98 WEST
Suite, Apt. #, etc.

City & State

23 PENSACOLA, FLORIDA
Zip Country

City & State

28 PENSACOLA, FLORIDA
Zip Country

24 32506 25 US

29 32506 30 US

9. Name and Address of Current Registered Agent

MITCHELL, LINDA D
7555 HWY 98 WEST
SUITE B
PENSACOLA FL 32506

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 P ☐ DELETE

NAME MITCHELL, MARSHALL L
STREET ADDRESS 2039 POWERS FERRY RD APT 1
CITY-ST-ZIP MARIETTA GA 30067

TITLE V ☐ DELETE

NAME MITCHELL, JASON W
STREET ADDRESS 25157 CARLTON PRK APT 203
CITY-ST-ZIP NORTH OLMSTEAD OH 44070

TITLE ST ☐ DELETE

NAME MITCHELL, LINDA D
STREET ADDRESS 821 ALYSHEBA LN
CITY-ST-ZIP CANTONMENT FL 32533

TITLE D ☐ DELETE

NAME DIAL, KRISTEN
STREET ADDRESS 2039 I POWERS FERRY ROAD
CITY-ST-ZIP MARIETTA GA 30067

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)