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 # **P95000088447 (4)**

1. Corporation Name

ITD OF DESTIN, INC.

Principal Place of Business	Mailing Address
122 AZALEA DRIVE DESTIN FL 32541	POST OFFICE BOX 1212 DESTIN FL 32541

3. Date Incorporated or Qualified: **11/16/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 305 Mountain Drive
Suite, Apt. #, etc.
22 Suite C
City & State
23 Destin, FL 32541
Zip 24 32541 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-3346833 ☐ 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 XX Yes ☐ No

9. Name and Address of Current Registered Agent

~~SANDERS, TRAVIS L~~
~~122 AZALEA DRIVE~~
DESTIN FL 32541

27 Indian Bayou Drive
Destin, FL 32541

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, TRAVIS L		1.2 NAME		
STREET ADDRESS	122 AZALEA DRIVE		1.3 STREET ADDRESS	27 Indian Bayou Drive	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	SANDERS, DIANE J		2.2 NAME		
STREET ADDRESS	122 AZALEA DRIVE		2.3 STREET ADDRESS	27 Indian Bayou Drive	
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP	Destin, FL 32541	
TITLE		☐ DELETE	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		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 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: T. Sanders — Travis L. Sanders — 4-30-96 — (904) 654-4447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #