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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90016 050 ***150.00

| DOCUMENT # | P95000095323 |
|------------|--------------|

Corporation Name

LDB PROPERTIES, INC.

| , | ERTIES, INC. | | | | | | | | |
|--|---|--|----------------|---|---|--|---------------|----------------|---------------------------------------|
| inal Plans of | f Rusiness | Mailing Add | ress | | | | | | |
| rincipal Place of Business AND BROKEN ARROW CT ESTIN FL 32541 US Mailting Address 4031 BROKEN ARROW CT DESTIN FL 32541 US | | | | | | DO NOT WRI | F IN THIS | SPACE | |
| | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | • | | | | 3. Date Incorporated or Qualifed | | | l. |
| | | | | | | 12/13/1995 4. FEI Number | | TA | pplied For |
| Principal Plac | e of Business | 2a. Mailing | Address | | | 59-3357154 | | N. | ot Applicable |
| T TITIOIPES T 100 | | 26 | | | | | | | Additional |
| Suite, Apt. #, | etc. | Suite, A | pt. #, etc. | | | 5. Certifcate of Status Desired | | Fee R | lequired |
| | | 27 | | | | 6. Election Campaign Financing | | | May Be |
| City & State | | City & | State | | | Trust Fund Contribution | | | to Fees |
| | | | | Count | try | 8. This corporation owes the cur | rent year Int | angible | |
| Zip | Country | Zip | 30 | 3 | • | Personal Property Tax. | | L) Yes | No |
| | 25 | 29 Pagistered A | | | | 10. Name and Address of New | Registered | Agent | |
| | 9. Name and Address of Curren | r Kegistered 2 | | | 31 Name | | | | |
| EOST | ER, WILLIAM S | | | - | 82 Street Add | ress (P.O. Box Number is Not Accep | table) | | |
| nna M | IAR WALT DRIVE, STE. 1014 | | | Ι, | 0.0007700 | | | | |
| ET W | ALTON BEACH FL 32547 | | | Ţ | 83 | _ | | | |
| F 4. W | ALION DE ION DE ION | | | Ļ | 84 City | | | 85 Zip | p Code |
| | | | | l | } * | poration submits this statement for thion's board of directors. I hereby acc | <u>F</u> L | • to wine or i | its registered |
| | Signature, typed or printed name of registered age OFFICERS Al | ont and title if application ND DIRECTOR | s | 13. | Agent signature requir | ADDITIONS/CHANGES TO C | OFFICERS A | Chang | ge Addition |
| 2. | OFFICERS AI | ND DIRECTOR | S | 1.1 111 | 1F | | | ☐ Chang | je 🗌 Addition |
| r.E | D | | | 1.2 NA | ME. | | | | |
| | RHOTON, CHARLES D | | | 1.3 ST | REET ADDRESS | | | | |
| | TOTAL DOOLUTE ADDONALCT | | | | | | | | |
| | 4031 BROKEN ARROW CT | | | 1.4 CF | TY-ST-ZIP | | | Chang | Te ∏ Addition |
| REET ADDRESS | 4031 BROKEN ARROW CT DESTIN FL | | DELETE | 1.4 CF 2.1 TI | | | | ☐ Chane | ge Addition |
| TREET ADDRESS | | | DELETE | _ | TLE | | | ☐ Chan | ge Addition |
| REET ADDRESS TY-ST-ZIP TLE AME | | | DELETE | 2.1 TI 2.2 N | TLE | | | ☐ Chan | ge Addition |
| REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS | | | DELETE | 2.1 TII 2.2 N/ 2.3 ST | TLE AME | | | | · <u> </u> |
| TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP | | | ☐ DELETE | 2.1 TII 2.2 N/ 2.3 ST | TLE AME TREET ADORESS CITY-ST-ZIP | | | ☐ Chan | · <u> </u> |
| REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS ITY-ST-ZIP | | | | 2.1 TII 2.2 N/ 2.3 ST 2.4 C | TLE AME TREET ADORESS CITY-ST-ZIP TILE | | | | · <u> </u> |
| REET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TITLE IAME | DESTIN FL | | | 2.1 TII 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N | TLE AME TREET ADORESS CITY-ST-ZIP TILE | | | | · <u> </u> |
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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 are 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 open attachment with an address, with all other like empowered.

SIGNATURE: