

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000096144 (7)

1. Corporation Name

THE CARIBBEAN DUNES COMPANY



Principal Place of Business

STOWELL, ANTON & KRAEMER
727 HIGHWAY 98, EAST
DESTIN FL 32540

Mailing Address

POST OFFICE BOX 489
DESTIN FL 32540

2. Principal Place of Business

21 1209 Airport Rd

Suite, Apt., #, etc.

22 Suite 4

City & State

23 Destin, FL

Zip

24 32540

Country

25 US

2a. Mailing Address

26 P.O. Box 1805

Suite, Apt., #, etc.

27 City & State

28 Destin, FL

Zip

29 32540

Country

30 US

3. Date Incorporated or Qualified

12/20/1995

3a. Date of Last Report

4. FET Number

5A-3358897

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

KRAEMER, MARY K
STOWELL, ANTON & KRAEMER
727 HIGHWAY 98, EAST
DESTIN FL 32540

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 607.0602 and 607.1503, 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Registered Agent (If different from officer or director)

Signature of New Agent (If different from officer or director)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GWIN, CURTIS H
POST OFFICE BOX 1805
DESTIN FL 32540

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHOULTS, HOWARD RAY
POST OFFICE BOX 1805
DESTIN FL 32540

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY-ST-ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

35 TITLE

36 NAME

37 STREET ADDRESS

38 CITY-ST-ZIP

39 TITLE

40 NAME

41 STREET ADDRESS

42 CITY-ST-ZIP

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)(a), 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; that the registered agent is duly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or additions have been made.

SIGNATURE:

Howard Ray Shoults
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96

904-837-0392
Toll Free Number

CR2E034 (12/95)