

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 # P96000001194 (5)

1. Corporation Name

THE PALMS OF OKALOOSA ISLAND DEVELOPMENT CORPORA
TION, INC.

Principal Place of Business

245 HUNTERS VIEW
ROSWELL GA 30075

Mailing Address

245 HUNTERS VIEW
ROSWELL GA 30075



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

BLUE, ROB JR.
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

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

JOINT: Registered Agent Signature required when term ending

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

2. 1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

3. 1. TITLE

3. NAME

4. STREET ADDRESS

5. CITY- ST- ZIP

4. 1. TITLE

4. NAME

5. STREET ADDRESS

6. CITY- ST- ZIP

5. 1. TITLE

5. NAME

6. STREET ADDRESS

7. CITY- ST- ZIP

6. 1. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(c), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy J. Dodson, 4/1/96 (770) 998-1385

CR2E034 (12/95)