FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 NOV -4 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007512 (2)

1. Corporation Name
TRANQUILLITY ON THE BEACH CORPORATION

Principal Place of Business	Mailing Address
1018 E HIGHWAY 98 DESTIN FL 32541	1018 E HIGHWAY 98 DESTIN FL 32541-2902

3. Date Incorporated or Qualified: 01/22/1996
3a. Date of Last Report:

2. Principal Place of Business
21 151 REGIONS WAY
Suite, Apt. #, etc.
22 STE A BLDG. ONE
City & State
23 DESTIN, FLORIDA
Zip 24 32541 Country 25 U.S.A.

2a. Mailing Address
26 151 REGIONS WAY
Suite, Apt. #, etc.
27 STE A BLDG. ONE
City & State
28 DESTIN, FLORIDA
Zip 29 32541 Country 30 U.S.A.

4. FEI Number: 59-3357974 ☐ 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

9. Name and Address of Current Registered Agent
BURKE, LES W
221 MCKENZIE AVENUE
PANAMA CITY FL 32401

10. Name and Address of New Registered Agent
81 Name: DELYS DEARMON
900002339619---6
82 Street Address (P.O. Box Number is Not Acceptable): STE A, BLDG. ONE
11/05/97--01111--011
****200.00 ****200.00
83 151 REGIONS WAY
84 City: DESTIN FL 85 Zip Code: 32541

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: Delys Dearmon 9-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BURKE, LES W		1.2 NAME	HAROLD L. RUSHING	
STREET ADDRESS	221 MCKENZIE AVENUE		1.3 STREET ADDRESS	#127 HWY 431 N.	
CITY-ST-ZIP	PANAMA CITY FL 32401		1.4 CITY-ST-ZIP	HEADLAND, AL 36345	
TITLE		☐ DELETE	2.1 TITLE	S	☒ Change ☐ Addition
NAME			2.2 NAME	SIMMIE R. GRAHAM	
STREET ADDRESS			2.3 STREET ADDRESS	ROUTE 2, BOX 34	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	BRUNDIDGE, AL 36010	
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	REINSTATEMENT 97	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	SL 11-5-97	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	900002339619---6	
STREET ADDRESS			5.3 STREET ADDRESS	-11/05/97--01111--013	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	*****50.00 *****50.00	
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 (9/96)

14. I do 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.

SIGNATURE: Harold L Rushing 9-1-97