## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9600007512

TRANQUILLITY ON THE BEACH CORPORATION

	747		_					ISON HABAD DADA ADDA
Principal Place of Business Mailing Address								
151 REGIONS WAY STE-A BLDG ONE STE A BLDG ONE								
DESTIN FL 32541 DESTIN FL 32541				· · · ·	DO NOT WRITE IN THIS SPACE			<del></del>
					3. Date Incorporated or Qualifed 01/22/1996			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26 P. D. BOX	805	2	59-3357974			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	]	•	5 Additional Required
City & State	a 10	City & State			6. Election Campaign Financing		\$5.0	00 May Be
23		28 Destin IL			Trust Fund Contribution Added to Fees			*
Zip	Country			иу	This corporation owes the current year Intangible     Personal Property Tax. □ Yes □ No			
24			30		10. Name and Address of New Reg			
<del></del>	9. Name and Address of Current	Registered Agent		1 Name	Hame and Addition of Now Iveg		<b>9</b>	
DEAF	rmon, delys		[]	, , , , , , , , , , , , , , , , , , ,				
151 REGIONS WAY			1	Street Add	fress (P.O. Box Number is Not Acceptable	)	******	
	A BLDG ONE		8	33	•			
DES	ΠN FL 32541			34 City			85 2	ip Code
						<u>FL</u>	1 1	
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	if Florida. Such change was au	itnonzea i	by the corporat	poration submits this statement for the put ion's board of directors. I hereby accept the	pose of c ne appoint	hanging ment as	its registered registered
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Regi				gent signature requir	lature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		TORS IN 12	
12.	OFFICERS AND DIRECTORS		13.					
TITLE ·	P	☐ DELETE	1.1 TITL				L. Criari	ge D'Addition
NAME	RUSHING, HAROLD L		1.2 NAM	- 1				
STREET ADORESS	, , , , , , , , , , , , , , , , , , , ,		1.3 STR	EET ADORESS				
CITY-ST-ZIP				-ST-ZIP			Chan	ge
TITLE	<del>-</del> , -		2.1 TTL	Ē			☐ Chan	ge L. Addition
NAME	GRAHAM, SIMMIE R		2.2 NAM	E				
STREET ADDRESS	ROUTE 2 BOX 34		2.3 STR	EET ADDRESS				
CITY-ST-ZIP	BRUNDIDGE AL 36010		2.4 CIT	Y-ST-ZIP				D 4 1 200
TITLE		☐ DELETE	3.1 TITL	E			Chan	ge 🗌 Addition
NAME			3.2 NAW	iE				
STREET ADDRESS			3.3 STR	EET ADORESS				
CITY-ST-ZIP			_	Y-ST-ZIP			-1 A	
TITLE		DELETE	4.1 TITL	<del>سے</del> ارسے ہے۔			☐ Chan	ge Addition
- NAME	<u></u>		4.2 NA	/E	-			ļ
STREET ADDRESS	•	ţ	4.3 STR	EET ADDRESS				[
CITY-ST-ZIP			4.4 CITY	'-ST-ZIP				
TITLE		☐ DELETE	5.1 TTTL				☐ Chan	ge Addition
NAME			5.2 NAM	i				
STREET ADDRESS		· · . · .		EET ADDRESS				ļ
CITY-ST-ZIP	يان بهر منتري			'-ST-ZIP			<b>—</b> ::	
TITLE	8.4 % W 1.4 %	□ DELETE	6.1 TTT				☐ Chan	ge 🔲 Addition
NAME			6.2 NAM					
STREET ADDRESS			6.3 STR	EET ADDRESS				

11. SI-CIP | 14. I 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, with all other like empowered.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90002 040 \*\*\*150.00