

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

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90270 019 ***150.00

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DOCUMENT # P96000023246

1. Corporation Name

PORT ROYAL PHASE II, INC.

Principal Place of Business

**601 S PALAFOX ST
PENSACOLA FL 32501
US**

Mailing Address

**PO BOX 12725
PENSACOLA FL 32575
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/11/1996

4. FEI Number

59-3381240

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

**CARR, JOHN S
601 S PALAFOX ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D CARR, JOHN S**
STREET ADDRESS **601 S PALAFOX ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE

NAME **DST NICKELSEN, E J**
STREET ADDRESS **2761 DUSINANNE RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ DELETE

NAME **D CHADBOURNE, JR E M**
STREET ADDRESS **4375 MCCOY DR**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ DELETE

NAME **DVP JESMONTH, R**
STREET ADDRESS **217-A E INTENDENCIA ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ DELETE

NAME **D GOLDSTEIN, G**
STREET ADDRESS **3885 N PALAFOX ST**
CITY-ST-ZIP **PENSACOLA FL 32505**

TITLE ☐ DELETE

NAME **D SWAINE, R E**
STREET ADDRESS **600 BARRACKS ST, STE 220**
CITY-ST-ZIP **PENSACOLA FL 32501**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/09/99

Date

(850) 434-2244

Daytime Phone #

CR2E034 (11/98)