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

DOCUMENT # P96000042933 (7)

CARILLON BEACH PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address	r ideringt ten ibeen dien gann mair aben aben niben tiben iben blind iffer
23313 FRONT BEACH ROAD CARILLON BEACH FL 32413	23313 FRONT BEACH ROAD CARILLON BEACH FL 32413-1024	

						05/13/1996	
2. Principal F	Place of Businoss	2a. Mailing Address				4. FEI Number Applied For	
21		26				59-3380652 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	
22		[27]				Fee Required	
City & Stat	0	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Ζiρ	Country	Zφ	Coun	itry		8. This corporation has liability for intangible tax under s. 199.032,	
24	25 9. Name and Address of Currer	29	30			Florida Statutes Yos X No 10. Name and Address of New Registered Agent	
		it Registered Agent		B1 i	Name		
WILLIAMS, JACK G			١,٠	Ivanie			
502 HARMON AVENIE		Ţ.	82 Street Address (P.O. Box Number is Not Acceptable)				
PAI	PANAMA CITY FL 32401		L.	B3			
			}`	93		}	
			Ţ	B4	City	85 Zip Code	
				l.		FL [1]	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed 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 ago	on and till if applicable (NO)	E Registered	 Ageni	il signature r	ite required when reinstating) DATE	
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DEL€16	1.1 TITE	.E	R	DPS Mange Addition	
NAME	BIGGS, WILLIAM D SR		1.2 NAA	N!]		
STREET ADDRESS	23313 FRONT BEACH ROAD		1,3 STR	ECT A	ADDRESS		
CITY-ST-ZIP	CARILLON BEACH FL 32413		1.4 CITY	/- \$T-	- ZIP		
TITLE	D	☐ DELETE	2.1 TITL	.E	1	Change Addition	
NAME	BIGGS, WILLIAM D JR		2.2 NAN	AE.	Ì		
STREET ADDRESS	23313 FRONT BEACH ROAD		2.3 S1R	EF1 A	ADORESS }	, }	
CITY-ST-ZIP	CARILLON BEACH FL 32413		2. 4 CIT	Y-81	:-ZiP		
TITLE	D	☐ DECETE	3 1 7 17 1	£		Change Addition	
NAME	BIGGS BARNES, JEANNE D		3.2 NAM	AE	į	, 'a'	
STREET ADDRESS	23313 FRONT BEACH ROAD		3.3 STR	IA 133	NDORESS .		
CITY-ST-ZIP	CARILLON BEACH FL 32413		3 4. CIT	Y-\$1	- ZIP		
TITLE	-	☐ DELETE	4.1 TRL	ŧ	[Change Addition	
NAME			4. 2 NAI	ME	j		
STREET ADDRESS	1		4.3 \$18	EET AI	DDRESS .		
CITY-ST-ZIP			4.4 CITY	/- ST-	- ZIP		
TITLE		☐ DELETA	5.1 TITL	F		Change Addition	
NAME			5.2 NAM	NE	}		
STREET ADDRESS	l		5 3 S1R	EE1 A	ADDRESS	. 1	
CITY-ST-ZIP		_	5.4 CITY	r-\$1-	- ZIP		
TITLE		DELETE	611111	F	1	Change Addition	
NAME			6.2 NAM	ΛE			
STREET ADDRESS	1	•	63SIH	EL AI	IDDRESS	1	
CITY-ST-ZIP			6.4 CHY	(- S 1-	- ZIP		
14. I do herel	by certify that the information supplie	d with this filing does not qualit				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 eath; that I am an officer or director of the constraint 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 it enanged, or on an appear with an address.

SIGNATURE

CELCHOTOCHES DE OUTH

3.31.97 904234-5600

FILED

Apr 03 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified