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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600050896 (5)

KING WILLIAM SHORES DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

## **FILED** Apr 28 1997 8:00am Secretary of State



106 BENNING DR STE 9 DESTIN FL 32540		P O BOX 183 DESTIN FL 32540-0183	P O BOX 183 Destin Fl 32540-0183			
					3. Date Incorporated or Qualified 06/14/1996	3a. Date of Last Report
	Place of Business	2a, Mailing Address			4. FEI Number	Applied For
21 10.600		26	26		59-338765	Nol Applicable
		Suite, Apt. #, etc.	uite, Apt. #, etc.			\$8.75 Additional
22 27		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5,00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	7ф	Counti	у	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30			Yes XNo
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	'en, david a		8	Name		
743 HWY 98 EAST STE 5			8	Street Add	ress (P.O. Box Number is Not Acceptable	(a)
DESTIN FL 32541				5	index (i.e., box remiser to recrytocopias)	
			8	3	The state of the s	
			84	I City		
			5	City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	002 and 607.1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the pu	prpose 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						
BIGINATURE	Signature, typed or printed name of registered a	gent and fille if approable (NO	II Registereo A	ent signature requ	ired when reinstating)	DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	President	DELETE	1.1 1111.6			Change Addition
NAME	John King		1.7 NAME			-
STREET ADDRESS			1.3 S1RF8	LADDRESS		
CITY-ST-ZIP	Destin, Fi	32541	1.4 CITY -	S1 - ZIP		!
TITLE	Vice President DollFIE		2.1 1111.6			Change Addition
NAME	David Williams		2.2 NAME	1		
STREET ADDRESS	Lie a Tadaya	**************************************	2.3 STREET ADDRESS			
CITY-ST-ZIP	4120 Indian Trail Destin Fi 3254		2. 4 CITY - \$1 - ZIP			
TITLE		DELETE	3 1 111 (	<del></del> ,		Change Addition
NAME	Sec - Treas Timm Shores	•	3.2 NAME			
STREET ADDRESS	TIMM SHOPE	A. Dest Co	3.3 STREE	1 ADDRESS		
CITY-ST-ZIP	217 Calhoun	Ave Destin, F1	3.4. CHY-	SI - ZIP		
TITLE		DELETE	41111(1			Change Addition
NAME			4. 2 NAMI	:		
STREET ADDRESS			4.3 STREE	1 AUDRESS		
CITY-ST-ZIP			4.4 CHY-			
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				LADDRESS		
CITY-ST-ZIP			5.4 City-			
TITLE		DELETE	6.1 TOLE	21 20		Change Addition
NAME		<del></del>	G.2 NAME			C. Storige C. Isoution
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
OUT DITE!			0.4 UHY-	91.5IL		

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 frue and accurate and that my signature shall have the same legal effect as if made under path; 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.