Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90090 049 \*\*\*150.00

## 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 # P9600058047

1. Corporation Name

| Principal Piece of Business   Mailing Address   APRIL ON ARC   CO PR 80X 47   APRIL ON 44210   US   CO PR 80X 47   APRIL ON 44210   US   CO PR 80X 47   APRIL ON 44210   US   CO PR 80X 47   APRIL ON 44210   CO PR 80X 47   APRIL ON ARC   CO PR 80   | THE LEG                   | IENUS OF SANTA HOSA E                | BEACH, INC.               |                |                    |   |                        |             |
|--|---------------------------|--------------------------------------|---------------------------|----------------|--------------------|---|------------------------|-------------|
| SERETHOROD LANE   RATH OR 42/10   DO NOT WRITE IN THIS SPACE   | Principal Place           | of Business                          | Mailing Address           |                | · <b></b> :        |   | JULI WILLE HUFFL WALLE |             |
| SMIT ARRA BEACH FL 25:99  Cry & SMIT ARRA BEACH FL 25:99  SMIT ARRA BEACH FL 25:99  Cry &  | •                         |                                      | -                         |                |                    |   |                        |             |
| SAMTA ROSA 6EACH FL 22549 US  3. Date Incorporated or Countified 07/08/1996 2. Principal Place of Business 2. A Mailing Address 3. Late Incorporated or Countified 07/08/1996 3. The Incorporated or Countified 07/08/1996 3. The Number   |                           |                                      |                           |                |                    |   |                        |             |
| 2. Principal Place of Business   2a Mailing Address   4. FEB Number   Appliest For   3. Sulfa, Apt. #, etc.   4. FEB Number   3. Sulfa, Apt. #, etc.   5. Conflictation of Status Desired   From Applicable   3. Sulfa, Apt. #, etc.   5. Conflictation of Status Desired   St. 75 Applicable   3. Sulfa, Apt. #, etc.   5. Conflictation of Status Desired   From Applicable   3. This Comparation of Status   5. Conflictation of Status Desired   From Applicable   3. Sulfa, Apt. #, etc.   5. Conflictation of Status Desired   From Applicable   3. Sulfa, Apt. #, etc.   5. Conflictation of Status Desired   From Applicable   3. This Comparation overs the current year Intergolited   4. 25   25   29   30   Personal Property 73 xx   \$\frac{3}{2}Virial Endoughter of Applicable   3. Name and Address of Gurrent Registered Agent   10. Name and Address of New Registered Agent   4. PLY  | ****                      |                                      |                           |                |                    |   | IIS SPACE              |             |
| 2. Principal Place of Business   2a. Maling Address   3a. Maling Address   3a. Maling Address   3a. Maling Address   3b. Max. Maling  | US                        |                                      |                           |                |                    | ·   |                        |             |
| Suite, Apt. #, etc   |                           |                                      |                           | <del>-,</del>  |                    |   |                        | -lind For   |
| Suite   Apt #, etc.   Suite   Apt #, etc.   Suite   Apt #, etc.   Street   Address of New Registered Apt #, etc.   Street   Addre   | <del></del> ·             | lace of Business                     | <del> </del> ,            |                |                    |   | <u> </u>               |             |
| S. Certificate of Statute Desired   Fee Required   Fee Required   Statute Desired   Fee Required   Statute Desired   Fee Required   Statute Desired   Statute Desired De   |                           |                                      |                           |                |                    | 34-184 13 19                                      |                        |             |
| City & State  City & Ci | <u> </u>                  |                                      |                           | ··             |                    | 5. Certifcate of Status Desired                   | • • •                  |             |
| Zip   Country   Zip   Country   Zip   Country   St. This corporation was the current var Intamplied   Personal Property Tax.   Zip   Country   St. This corporation was the current var Intamplied   Name and Address of Current Registered Agent   St. This corporation was the current var Intamplied   Name and Address of New Registered Agent   St. This corporation was the current var Intamplied   Name and Address of New Registered Agent   St. This corporation was the current var Intemplied   Name and Address of New Registered Agent   St. This corporation was the current var Intemplied   Name and Address of New Registered Agent   St. This corporation was the current var Intemplied   Name and Address of New Registered Agent   Name and Na   |                           |                                      |                           |                |                    | 6. Election Campaign Financing                    | \$5.00                 | May Be      |
| Zip   Country   Zip   Country   S. This corporation rows the current year Intargible   Personal Property Tax.   Xye   No   Name and Address of Current Registered Agent   State   State   Name   State   State   Name   State   Stat   | 23                        |                                      | — ·                       |                |                    | 1.1   |                        |             |
| 9. Name and Address of Current Registered Agent  DEARMON, A. DELYS 151 REGIONS WAY, BLDG. 1, STE. A  DESTIN FL 32541  82 Street Address (P.O. Box Number is Not Acceptable)  83 Ad 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 agent, or both, in the Glate of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and both, in the Glate of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and both, in the Glate of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and both, in the Glate of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and both, in the Glate of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and both accept the appointment as registered agent, and both accept the appointment as registered agent, and  |                           |                                      |                           |                | try                | 8. This corporation owes the current year         |                        |             |
| DEARMON, A. DELYS 151 REGIONS WAY, BLDG. 1, STE. A  DESTIN FL 32541  33  44 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 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, and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, and the provisions of frequency of the corporation's board of directors. I hereby accept the appointment as registered agent, and the first of the corporation's board of directors. I hereby accept the appointment as registered agent agent agent and the first of prints and accept the appointment as registered agent ag | 24                        | 25                                   | 29                        | 30             |                    |   |                        | □No i       |
| DEARMON, A. DELYS 151 REGIONS WAY, BLDG. 1, STE. A DESTIN FL 32541  82 Street Address (P.O. Box Number is Not Acceptable)  17. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as 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, and affailiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, byear or price accept agent and title if applicable.  TAYLOR, JACK  STREET ADDRESS TAYLOR, JACK  STREET ADDRESS TOLEDO OH 43623  DELETE  1.1 TILE  D  Change Addition  NAME  YOUNG, DAN E  22 NAME  STREET ADDRESS STEET ADDRESS  |                           | 9. Name and Address of Curre         | nt Registered Agent       |                |                    | 10. Name and Address of New Register              | ed Agent               |             |
| 151 REGIONS WAY, BLDG. 1, STE. A DESTIN FL 32541  33  84   | 551                       |                                      |                           | ľ              | 31 Name            |   |                        |             |
| DESTIN FL 32541    83  |                           |                                      |                           |                | 32 Street A        | ddress (P.O. Box Number is Not Acceptable)        |                        |             |
| 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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent and state of Florida. Such change was authorized by the corporation's board of directors. I horeby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature viped or private name of registered agent and site a epistoshib.  (NOTE: Registered Agent signature required when releasing)  D.  |                           |                                      |                           |                |                    |   |                        |             |
| T1. 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 lis 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, project or giroser name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating)  12.  | DES                       | IIN FL 32541                         |                           | ľ              | 33                 |   |                        |             |
| 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 lis 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, and recept the obligations of, Section 607.0505, Florida Statutes, or an armonic manner of registered agent and still of opporation.  Signature Transport or printed name of registered agent and still of opporation.  ITILE  12.  |                           |                                      |                           |                | 34 City            |   | 85 Zip C               | ode         |
| office or registered agent, or both, in the State of Florida. Such Change was authorized by the corporation's board of unlectors. I metally accept the applicationers agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.    SIGNATURE   |                           |                                      |                           |                |                    | -   |                        | rogistored  |
| 12.   1   OFFICERS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   N 12  | office or n<br>agent. I a | egietared egent or both in the State | of Florida, Such change t | was authorized | ov tne comor       | ation's position directors. Thereby accept the ap | pointment as reg       | jistered    |
| TITLE  |                           |                                      |                           |                | gent signature rec |   |                        | DC IN 12    |
| TAYLOR, JACK   12 NAWE   STREET ADDRESS   5151 MONROE ST.   CITY-ST-ZIP   TOLEDO OH 43623   IA CITY-ST-ZIP   Change   Addition   A   |                           | <u> </u>                             |                           |                |                    | ADDITIONS/CHANGES TO OFFICERS                     |                        |             |
| STREET ADDRESS   5151 MONROE ST.   13 STREET ADDRESS   14 CITY-ST-ZIP  |                           | - T                                  |                           |                |                    | •   | [_] Gilongo            |             |
| TOLEDO OH 43623  |                           |                                      |                           |                |                    |   |                        |             |
| TITLE  |                           | * . *                                |                           |                | [                  |   |                        | ĺ           |
| YOUNG, DAN E   |                           |                                      | ∏ DELE                    |                |                    |   | Change                 | Addition    |
| STREET ADDRESS   CITY-ST-ZIP   | -                         | -                                    |                           | i.             | 1                  |   |                        | _           |
| TOLEDO OH 43623   2.4 CITY-ST-ZIP   TOLEDO OH 43623   2.4 CITY-ST-ZIP   TITLE   Change   Addition   |                           |                                      |                           | i i            | 1                  |   |                        |             |
| TITLE  |                           |                                      |                           |                | - 1                |   |                        | i           |
| NAME   PERMAN, FRANCIS   32 NAME   33 STREET ADDRESS   5151 MONROE ST.   33 STREET ADDRESS   5151 MONROE ST.   5151 MO   |                           |                                      | ☐ DELE                    |                |                    |   | Change                 | ☐ Addition  |
| STREET ADDRESS   |                           | -                                    |                           | 3.2 NAM        | 1E                 |   |                        | }           |
| TOLEDO OH 43623   34. CITY-ST-ZIP   TITLE  |                           |                                      |                           | 3.3 STF        | EET ADDRESS        |   |                        |             |
| TITLE         D         DELETE         4.1 TITLE         Change         Addition           NAME         DONOVAN, DANIEL         4.2 NAME         4.3 STREET ADDRESS         5151 MONROE ST.         4.3 STREET ADDRESS           CITY-ST-ZIP         TOLEDO OH 43623         4.4 CITY-ST-ZIP         Change         Addition           NAME         5.2 NAME         5.2 NAME         Change         Addition           STREET ADDRESS         5.3 STREET ADDRESS         CITY-ST-ZIP         Change         Addition           TITLE         DELETE         6.1 TITLE         Change         Addition           NAME         6.2 NAME         Addition         Change         Addition  |                           |                                      |                           | 3.4, CIT       | Y-ST-ZIP           | ·   |                        |             |
| NAME   DONOVAN, DANIEL   4.2 NAME   5151 MONROE ST.   4.3 STREET ADDRESS   5151 MONROE ST.   5.1 STREET ADDRESS   5.1 STREET ADDRESS   5.2 NAME   5.2 NAME   5.3 STREET ADDRESS   5.4 CITY-ST-ZIP   6.1 TITLE   6.1 TITLE   6.1 NAME   6.2 NAME   6.2 NAME   6.2 NAME   6.3 NAME      | TITLE                     |                                      | ☐ DELE                    | TE 4.1 TIπ     | E                  |   | Change                 | ☐ Addition  |
| STREET ADDRESS   | NAME                      |                                      |                           | 4. 2 NA        | ME                 |   |                        |             |
| TITLE         DELETE         5.1 TITLE         Change         Addition           NAME         52 NAME <td>STREET ADDRESS</td> <td></td> <td></td> <td>4.3 STF</td> <td>EET ADDRESS</td> <td></td> <td></td> <td></td>  | STREET ADDRESS            |                                      |                           | 4.3 STF        | EET ADDRESS        |   |                        |             |
| NAME   | CITY-ST-ZIP               | TOLEDO OH 43623                      |                           |                | /-ST-ZIP           |   |                        |             |
| 5.3 STREET ADDRESS   | TITLE                     |                                      | ☐ DELE                    | TE 5.1 TΠ      | E                  |   | Change                 | ☐ Addition  |
| 5.4 CITY-ST-ZIP  | NAME                      | ,                                    |                           |                |                    |   |                        |             |
| TITLE   DELETE 6.1 TITLE   Change   Addition   6.2 NAME  | STREET ADDRESS            |                                      |                           |                | 1                  |   |                        |             |
| NAME 1,51 3, 250 1   | CITY-ST-ZIP               | ,                                    |                           |                |                    |   |                        | A delica -  |
| 1900min 1900mi | TITLE                     |                                      | LI DELE                   |                | 1                  |   | ☐ Change               | ☐ vaginov [ |
| 6.3 STREET ADDRESS   | Ć 64                      | with the second                      |                           | 3              |                    |   |                        |             |

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.

6.4 CITY-ST-ZIP

SIGNATURE:

4198854675