

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

FILED

Apr 24 1997 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000058865 (2)**

1. Corporation Name  
**IN THE PINES OF DESTIN, INC.**

|  |   |
|--|---|
| Principal Place of Business<br><b>1234 AIRPORT RD.<br/>DESTIN FL 32541</b> | Mailing Address<br><b>1234 AIRPORT RD.<br/>DESTIN FL 32541-2948</b> |
|--|---|



|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 2. Principal Place of Business<br><b>21 150 AZALEA DRIVE</b><br>Suite, Apt. #, etc.<br><b>22 8A</b><br>City & State<br><b>23 Destin, FL</b><br>Zip<br><b>24 32541</b> |  | 2a. Mailing Address<br><b>26 P.O. Box 5404</b><br>Suite, Apt. #, etc.<br><b>27</b><br>City & State<br><b>28 Destin, FL</b><br>Zip<br><b>29 32541</b> |  | 3. Date Incorporated or Qualified<br><b>07/12/1996</b>   |  | 3a. Date of Last Report                                |  |
|   |  |  |  | 4. FEI Number<br><b>59-3400392</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
|   |  |  |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required                  |  |
|   |  |  |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00</b> May Be Added to Fees                     |  |
|   |  |  |  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CADENHEAD, CHRIS<br/>420 E. PINE AVE.<br/>CRESTVIEW FL 32539</b> |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
|  |  |  |  | B1 Name   |  |  |  |
|  |  |  |  | B2 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|  |  |  |  | B3  |  |  |  |
|  |  |  |  | B4 City   |  |  |  |
|  |  |  |  | FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                    |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |  |  |
|----------------------------|--------------------|---------------------------------|--|---|---------------------|--|--|
| TITLE                      | P                  | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | D                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME                       | RUSHING, RICHARD   |                                 |  | 1.2 NAME  | Rushing, Richard    |  |  |
| STREET ADDRESS             | 1234 AIRPORT RD.   |                                 |  | 1.3 STREET ADDRESS                                    | 1234 Airport Road   |  |  |
| CITY-ST-ZIP                | DESTIN FL 32541    |                                 |  | 1.4 CITY-ST-ZIP                                       | Destin, FL 32541    |  |  |
| TITLE                      | V                  | <input type="checkbox"/> DELETE |  | 2.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | CADENHEAD, CHRIS   |                                 |  | 2.2 NAME  |                     |  |  |
| STREET ADDRESS             | 420 E. PINE AVE.   |                                 |  | 2.3 STREET ADDRESS                                    |                     |  |  |
| CITY-ST-ZIP                | CRESTVIEW FL 32539 |                                 |  | 2.4 CITY-ST-ZIP                                       |                     |  |  |
| TITLE                      | ST                 | <input type="checkbox"/> DELETE |  | 3.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       | JONES, WAYNE       |                                 |  | 3.2 NAME  |                     |  |  |
| STREET ADDRESS             | 1234 AIRPORT RD.   |                                 |  | 3.3 STREET ADDRESS                                    |                     |  |  |
| CITY-ST-ZIP                | DESTIN FL 32541    |                                 |  | 3.4 CITY-ST-ZIP                                       |                     |  |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | P                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 4.2 NAME  | RILEE, John K.      |  |  |
| STREET ADDRESS             |                    |                                 |  | 4.3 STREET ADDRESS                                    | 3802 Indigo Circle  |  |  |
| CITY-ST-ZIP                |                    |                                 |  | 4.4 CITY-ST-ZIP                                       | Destin, FL 32541    |  |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| NAME                       |                    |                                 |  | 5.2 NAME  | Blue, F. R. Jay Jr. |  |  |
| STREET ADDRESS             |                    |                                 |  | 5.3 STREET ADDRESS                                    | 1077 Indian Trail   |  |  |
| CITY-ST-ZIP                |                    |                                 |  | 5.4 CITY-ST-ZIP                                       | Destin, FL 32541    |  |  |
| TITLE                      |                    | <input type="checkbox"/> DELETE |  | 6.1 TITLE   |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| NAME                       |                    |                                 |  | 6.2 NAME  |                     |  |  |
| STREET ADDRESS             |                    |                                 |  | 6.3 STREET ADDRESS                                    |                     |  |  |
| CITY-ST-ZIP                |                    |                                 |  | 6.4 CITY-ST-ZIP                                       |                     |  |  |

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 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.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97

904-837-8613

0487879

CR2E034 (9/96)