

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000058865 (2)**  
 1. Corporation Name  
**IN THE PINES OF DESTIN, INC.**



Principal Place of Business <b>150 AZALEA DR                  8A                  DESTIN FL 32541                  US</b>	Mailing Address <b>PO BOX 5404                  DESTIN FL 32541                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	<b>P.O. Box 5404</b>	07/12/1996	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	
22		27		59-3400392	
City & State		City & State		Applied For	
23		28 <b>DESTIN, FL</b>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	25	29 <b>32540</b>	30 <b>LIS</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>CADENHEAD, CHRIS                  420 E. PINE AVE.                  CRESTVIEW FL 32539</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				<b>FL</b>	

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 restating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RUSHING, RICHARD</b>			1.2 NAME	<b><del>Richard</del> Rushing, John R.</b>		
STREET ADDRESS	<b>1234 AIRPORT RD</b>			1.3 STREET ADDRESS	<b>1234 Airport Road</b>		
CITY-ST-ZIP	<b>DESTIN FL</b>			1.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CADENHEAD, CHRIS</b>			2.2 NAME			
STREET ADDRESS	<b>420 E. PINE AVE.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>CRESTVIEW FL 32539</b>			2.4 CITY-ST-ZIP			
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, WAYNE</b>			3.2 NAME	<b>Jones, Wayne</b>		
STREET ADDRESS	<b>1234 AIRPORT RD.</b>			3.3 STREET ADDRESS	<b>1234 Airport Road</b>		
CITY-ST-ZIP	<b>DESTIN FL 32541</b>			3.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>P/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>RILEE, JOHN K</b>			4.2 NAME	<b>Rilee, John K.</b>		
STREET ADDRESS	<b>3802 INDIGO CIRCLE</b>			4.3 STREET ADDRESS	<b>433 Calhoun Ave</b>		
CITY-ST-ZIP	<b>DESTIN FL</b>			4.4 CITY-ST-ZIP	<b>Destin, FL 32541</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BLUE JR, F LLOYD</b>			5.2 NAME			
STREET ADDRESS	<b>1077 INDIAN TRAIL</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>DESTIN FL</b>			5.4 CITY-ST-ZIP			
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 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: \_\_\_\_\_ **John K. Rilee 4/27/98 850-837-8013**

CFR2034 (10/97)