

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90116 012 \*\*\*150.00

0061598 AV

**DOCUMENT # P96000062015**

1. Entity Name  
**DESTIN BANCSHARES, INC.**



Principal Place of Business  
**125 MAIN ST  
DESTIN FL 32541-2501**

Mailing Address  
**125 MAIN ST  
DESTIN FL 32541-2501**

2. Principal Place of Business  
**2000 NINETY-EIGHT PALMS BLVD  
Suite, Apt. #, etc.**

3. Mailing Address  
**PO BOX 248  
Suite, Apt. #, etc.**

City & State  
**DESTIN, FL**

City & State  
**DESTIN, FL**

4. FEI Number **59-3408180**

Applied For  
Not Applicable

Zip Country  
**32541 OKALOOSA**

Zip Country  
**32540 OKALOOSA**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**BURGE, FRANK  
125 MAIN ST  
DESTIN FL 32541-2501**

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARR, FREDDY 10 DANBERRY CT NICEVILLE FL 32578</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, DEWEY C JR 9563 HWY 83 DEFUNIAK SPRINGS FL 32433</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CLAY, RONNY A 705 GULFSHORE DR, #104 DESTIN FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCD BURGE, FRANK 522 WALTON WAY DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D YOUNG, THELBERT 526 BAYVIEW ST DESTIN FL 32541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RIGGS, STEPHEN C 8 SHADY LANE DR MARY ESTHER FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (10/02)

ATTACHMENT

90092539  
P96000062015

11. Cont'd

ADD:

D  
Arthur, James M. MD  
One Mercy Lane Suite 502  
Hot Springs, Arkansas 71913

D  
Rigdon, Charles  
PO Box 1238  
Destin, FL 32540

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