

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

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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000071517

1. Corporation Name
ANCHORS REALTY OF SOUTH WALTON, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
610 FIFTH STREET
DESTIN FL 32541

Mailing Address
610 FIFTH STREET
DESTIN FL 32541

3. Date Incorporated or Qualified
08/26/1996

2. Principal Place of Business
21 970 Gulfshore Drive
Suite, Apt. #, etc.

2a. Mailing Address
26 970 Gulfshore Drive
Suite, Apt. #, etc.

4. FEI Number
NOT APPLICABLE

22 City & State
23 Destin, FL

27 City & State
28 Destin, FL

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

24 32541 25 USA

29 32541 30 USA

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

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANCHORS, LARRY
9735 U.S. HIGHWAY 98 WEST
DESTIN FL 32541

81 Name
82 LARRY Y. ANCHORS
83 Street Address (P.O. Box Number is Not Acceptable)
84 970 GULF SHORE DR.
85 City
86 DESTIN FL
87 Zip Code
88 32541

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

(Signature, typed or printed name of registered agent, and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	ANCHORS, LARRY	9735 U.S. HIGHWAY 98 WEST	DESTIN FL 32541	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1	VICE PRESIDENT			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2	Griffin, Mark	610 FIFTH STREET	DESTIN, FL. 32541	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.1	ANCHORS, LARRY	970 GULF SHORE DR.	DESTIN, FL. 32541	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)