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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000074119 (4)

KRYSTLE SANDS DEVELOPMENT CORPORATION

FILED Feb 26 1998 8:00am Secretary of State



| | | | | | | { | | | |
|---|--|--------------------------------------|--------------------|--------------------|-----------------|---|---------------|-----------------------|--|
| Principal Place of Business Mailing Address | | | | | | | | | |
| 1971 HIGHWAY 98 EAST 1971 HIGHWAY 98 EAST | | | | | | | | | |
| DESTIN FL 325 | 9 91 | DESTIN FL 32541 | | | | DO NOT WRITE IN THIS SE | ACE | | |
| | | | | | | 3. Date Incorporated or Qualified | /\OL | | |
| | | | | | , | 08/30/1996 | | : | |
| — | ace of Business | 2a. Mailing Address | F-3 | | | 4. FEI Number | | pplied For | |
| 21 727 H | ighway 98 E. | 26 P.O. Box 15 | 26 P.O. Box 1568 | | | 59-3406488 Not Applic | | | |
| Suite, Apt. # | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired | | Additional equired | |
| City & State | | City & State | | | | Election Campaign Financing \$5.00 May Be | | | |
| 23 DEsti | | | | | L | L Trust Fund Contribution L Added to Fees | | | |
| Zip | Country | 7 ₁ p | Country | | | 6. This corporation owes or has paid the curre | | _ ~ 1 | |
| 24 32541 | [25] | 29 32549-1568 | 30] | | | | | _ No | |
| D: 40 | 9. Name and Address of Curre | ent Hegistered Agent | ——— , | BIL N | ame | 10. Name and Address of New Registered Ag | ent | ··· | |
| | KE, LES W | | ' | ין ויי | апте | | | | |
| | MCKENZIE AVENUE | | 82 Stre | | | Address (P.O. Box Number is Not Acceptable) | | | |
| PAN | IAMA CITY FL 32401 | | ļ. | B3 | | | | | |
| | • | | | 83 | | | | | |
| | • | | ŀ | 84 C | ity | Fi | 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 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, typod or profed name of registered no | DOMECTORS ND DIRECTORS | Rogistered | Agent si | gnature require | ad when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND I | NDCCTO | OC IN 10 | |
| 12. | n Carron N | DELETE | 1.1 104 | <u> </u> | | | Change | Addition | |
| NAME | SCHINZ, F.W. (FREODIE) | | 1.2 NAM | | D, | P | py Chango | | |
| | 1018 EAST HIGHWAY 98 | | | | 0500 | | | - | |
| STREET ADDRESS CITY-ST-ZIP | DESTIN FL 32549 | | | EET ADD Y-ST-ZI | T 172 | 7 Highway 98 E. | | | |
| TITLE | | | 2 1 TITL | E | | | Change | Addition ! | |
| NAME | SCHINZ, SHARON M | | 2.2 NAM | | | | | | |
| STREET ADDRESS | 1018 EAST HIGHWAY 98 | | 2.3 STREET ADDRESS | | RESS | | | İ | |
| CITY-ST-ZIP | DESTIN FL 32549 | | 2. 4 CIT | Y-ST-Z | IP. | | | | |
| TITLE | | DELETE | 3.1 TEL | E | | | Change | Addition | |
| NAME | | | 3.2 NAM | AE . | 1 | | | 1 | |
| STREET ADDRESS | | | 3.3 STR | EET ADO | RESS | | | į | |
| CITY-ST-ZIP | | | 3.4. CIT | Y-\$1-Z | IP . | | | | |
| TITLE | ☐ DELETE 4.1 | | 4.1 TITL | E | | | Change | Addition | |
| NAME | | | 4. 2 NA | ME | | | | ł | |
| STREET ADDRESS | | | 4.3 STR | EET ADD | RESS | | | 1 | |
| CITY-ST-ZIP | | | 4.4 CIT | Y-\$T-ZI | P | | | | |
| TITLE | | ☐ DELETE | 5.1 TITL | .E | | | Change | Addition | |
| NAME | | | 5 2 NAM | AE | | | | | |
| STREET ADDRESS | | | 5 3 STR | EET ADD | RESS | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-ST-21 | P | | | | |
| TITLE | | DELETE | 61 TITE | .F | | | Change | Addition | |
| NAME | | | 6 2 NAM | AE. | 1 | | | | |
| STREET ADDRESS | | | | EET ADO | RESS | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | Y-S1-ZI | p | | | | |
| 14. Thereby co | ertify that the informative supplied | with this filing does not qualify fo | or the exer | nption | stated in S | Section 119.07(3)(i), Florida Statutes. I further certi | fy that the | information | |

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 only the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

F.W. Schinz

(850) 654-4884