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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
EMERALD COAST CO



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 08 1998 8:00am Secretary of State

| DOCUMENT # P9600076023 (6) EMERALD COAST CONSTRUCTION SERVICES, INC. | | | | | | | | | | | | | |
|--|---------------|--------------------|-----------------|-----------------------|---------------------|-----------------------|---------|--------------------|---|-------------------------|--|-----------------------|---------------------------------|
| Pri | ncipal Place | of Busines | | | Ma | ailing Address | | | | | I 1901 901 III IUI!9 95511 00111 04111 90111 0 | HODIO DILIK DURID | |
| , | | | | | | 15 SUMMIT DRIVE | | | | | | | |
| DESTIN FL 32541 DESTIN FL 32541 | | | | | | | | | | | | | |
| - | | | | | | | | | | | DO NOT WRITE IN THIS SPACE | | |
| | _ | | | | | | | | 3. Date Incorporated or Qualified 09/12/1996 | | | | |
| | Principal Pl | Place of Business | | | 2a. Mailing Address | | | | | <u></u> | 4. FEI Number | | Applied For |
| 21 | | | | | 26 | | | | | 65-0690238 | | Not Applicable | |
| 22 | Suite, Apt. | uite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | Additional Regulred |
| | City & State | | | | City & State | | | | 6. Election Campaign Financing | | | | |
| 23 | July a diana | | | | 28 | | | | | Trust Fund Contribution | | O May Be d to Fees | |
| | Zip | | Countr | v | _ | Ζιρ | \top | Countr | у | | 8. This corporation owes or has paid the | | |
| 24 | • | 25 | | | 29 30 | | | | Personal Property Tax due June 30. | | □ No | | |
| | | 9. Name | | ss of Current I | | ered Agent | | <u> </u> | | | 10. Name and Address of New Register | | |
| | HA | RDEMAN, | ROBERT T | | | | | 81 | i N | ame | | | |
| | 315 SUMMIT DR | | | | | | | 82 | 1 6 | reet Addre | ess (P.O. Boy Number is Not Acceptable) | | ·· |
| DESTIN FL 32541 | | | | | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | | | | | | 63 | 3 | | | | |
| | | | | | | | | 84 | 1 5 | ity | | les 7 | Code |
| | | | | | | | | ٦ | ľ | ity | F | EL 85 Zij | J COOLS |
| 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | | | | | | | | | | | | | its registered as registered |
| | 214A1O11E | Bignature, type | or printed name | of registered agent (| and title i | if applicable (NC | OTE: R | egistered Ag | ent si | gnatura require | ed when reinstating) DAT | E | |
| 12. | | | 0 | FFICERS AND | DIREC | | | 13. | | | ADDITIONS/CHANGES TO OFFICERS | | |
| TITL | .E | P | | | | ☐ DELETE | | 1.1 TITLE | TLE | | | Change | Addition |
| NAT. | AE | HARDEMAN, ROBERT | | | | | | 1.2 NAME | | | | | ì |
| STR | EET ADDRESS | DECTME EL BOSA4 | | | | | | 1.3 STREET ADDRESS | | RESS | | | |
| | Y-ST-ZIP | | FL 32041 | | | | | 1.4 CITY- | | P | | | |
| TITL | ſ | ST | DOOFILL | Du T | | ☐ DELETE | | 2.1 TITLE | | 1 | | Change | Addition |
| NAN | | UNGLE | , ROSEMA | KY I | | | | 2.2 NAME | | | | | |
| | EET ADDRESS | | MMIT DRIV | E | | | | 2.3 STREE | TADD | ress | | | |
| | Y-ST-ZIP | | | | - DELETE | | | 2.4 CITY | · \$1 - Z | IP | | | |
| 117L | | | | | | DELETE | | 31 TITLE | | 1 | | L Change | Addition |
| NAM | - | | | | | | | 3.2 NAME | | | | | ļ |
| | EET ADDRESS | | | | | | | 3.3 STREE | | í | | | 1 |
| | r-ST-ZIP | | | | | 1 60.000 | | 3 4. CITY- | | P | | | |
| TITL | | | | | | LJ DELETE | | 4.1 TITLE | | - [| | Change | e ∐ Addition |
| NAI | J | | | | | | | 4. 2 NAME | | | | | j |
| | EET ADORESS | | | | | | | 4.3 STREE | | | | | } |
| | r-ST-ZWP | | | | | Therese | | 4.4 CITY- | | | | 1100 | |
| TITL | | | | | | DELETE | | 5.1 TITLE | | | | Change | Addition |
| NAM | | | | | | | | 5.2 NAME | | 1 | | | } |
| | EET ADORESS | | | | | | | 5.3 STREE | | | | | |
| | r-ST-ZIP | | | | | T Access | | 5.4 CITY- | | | | - Obs | T A STATE OF |
| TITL | ł | | | | | ☐ DELETE | | 6.1 TITLE | | - 1 | | ☐ Change | Addition |
| NAM | | | | | | | | 62 NAME | | 1 | | | |
| | EET ADDRESS | | | | | | | 6.3 STREE | | 1 | | | |
| | Y-ST-ZIP | | | | Alai - | E | لِـــا | 6.4 CITY- | | | 6 | | |
| 14, | . I hereby c | ertify that th | e informatio | n supplied with | this fi | ling does not qualify | for the | he exemp | ption | stated in t | Section 119.07(3)(i), Florida Statutes. I furthe | r certify that the | ne information |

1. Indepty certify that the information supplied with this illing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental enhanced report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporated or the processor of 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 magnificant with an address.

SIGNATURE:

4.20.98

850.837 0630