

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90117 050 ***150.00

DOCUMENT # P96000081312

1. Corporation Name
STRICKLAND FAMILY CORPORATION

Principal Place of Business
127 HWY. 98 EAST
SUITE 11A
DESTIN FL 32541

Mailing Address
127 HWY. 98 EAST
SUITE 11A
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/30/1996

4. FEI Number
59-3403468

Applied For
Not Applicable

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

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

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

2. Principal Place of Business
21 114 PALMETTO PLACE

2a. Mailing Address
26 P.O. BOX 695

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 UNIT #10

27

City & State

City & State

23 DESTIN, FL

28 DESTIN, FL

Zip Country

Zip Country

24 32541

25 US

29 32540

30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONERLY, LAMAR JR.
1234 AIRPORT ROAD
SUITE 111
DESTIN FL 32541

81 Name
CONERLY, LAMAR JR.
82 Street Address (P.O. Box Number is Not Acceptable)
34851 EMERALD COAST PKWY.
83 SUITE 100
84 City
DESTIN, FL
85 Zip Code
FL 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
STRICKLAND, JANE B
P O BOX 1895/127 HWY 98 E STE 11A
DESTIN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
CEO
STRICKLAND, JANE B
114 PALMETTO PLACE UNIT #10
DESTIN, FL 32541

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Jane B. Strickland
JANE B. STRICKLAND
4/16/99 850 654 770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)