

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000087780 (8)

1. Corporation Name

THOMAS COVE DEVELOPMENT, INC.

Principal Place of Business

501 FALLIN WATERS DR  
MARY ESTHER FL 32569

Mailing Address

501 FALLIN WATERS DR  
MARY ESTHER FL 32569

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

59-3410040

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 235

26 P.O. Box 235

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Ft. Walton Beach FL

28 Ft. Walton Beach FL

Zip

Country

Zip

Country

24 32547

25 OKLAHOMA

29 32547

30 OKLAHOMA

9. Name and Address of Current Registered Agent

ZUPPA, WILLIAM E  
501 FALLIN WATERS DR  
MARY ESTHER FL 32569

10. Name and Address of New Registered Agent

81 Name

C. WAYNE JONES

82 Street Address (P.O. Box Number is Not Acceptable)

110 DAVID ST.

83

84 City

Ft. Walton Beach

FL

85 Zip Code

32547

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

C. Wayne Jones

C. WAYNE JONES

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS DONOVAN, ROBERT D  
CITY-ST-ZIP 168 COUNTRY CLUB RD  
SHALIMAR FL 32578

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS ZUPPA, WILLIAM E  
CITY-ST-ZIP 501 FALLIN WATERS DR  
MARY ESTHER FL 32569

TITLE ☐ DELETE  
NAME V  
STREET ADDRESS BOYETTE, WAYNE T  
CITY-ST-ZIP 130 DAVID ST.  
FT WALTON BEACH FL

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS JONES, C. WAYNE  
CITY-ST-ZIP 110 DAVID ST.  
FT WALTON BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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.

SIGNATURE:

C. Wayne Jones

4-8-98 850-863-1600

CR2E034 (10/97)