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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000088960

1. Corporation Name

FLORIDIAN MANAGEMENT OF THE EMERALD COAST, INC.

Principal Place of Business	Mailing Address
2931 Scenic Hwy 98 Destin, FL 32541	2931 Scenic Hwy 98 Destin, FL 32541

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 10/24/96	3a. Date of Last Report
4. FEI Number 59-3487861	☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL. 32301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature of printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	PRESIDENT P.D ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	JAMES R. ANDONSON	12 NAME
STREET ADDRESS	310 SOUTHLAKE CT	13 STREET ADDRESS
CITY-ST-ZIP	NICEVILLE, FL 32578	14 CITY-ST-ZIP
TITLE	SD ☐ DELETE	21 TITLE ☐ Change ☐ Addition
NAME	LORI R. GRAY	22 NAME
STREET ADDRESS	64 CROSS CARBON ROAD	23 STREET ADDRESS
CITY-ST-ZIP	DESTIN, FL 32541	24 CITY-ST-ZIP
TITLE	TD ☐ DELETE	31 TITLE ☐ Change ☐ Addition
NAME	TIMOTHY D FULMER	32 NAME
STREET ADDRESS	118 TRISTA TURNAGE CT	33 STREET ADDRESS
CITY-ST-ZIP	DESTIN, FL 32541	34 CITY-ST-ZIP
TITLE	D ☐ DELETE	41 TITLE ☐ Change ☐ Addition
NAME	MILTON FULMER	42 NAME
STREET ADDRESS	4490 LUICE AVE	43 STREET ADDRESS
CITY-ST-ZIP	DESTIN, FL 32541	44 CITY-ST-ZIP
TITLE	D ☐ DELETE	51 TITLE ☐ Change ☐ Addition
NAME	JUSTIN R DURST	52 NAME
STREET ADDRESS	NORTH LAKESIDE DR	53 STREET ADDRESS
CITY-ST-ZIP	DESTIN, FL 32541	54 CITY-ST-ZIP
TITLE	D ☐ DELETE	61 TITLE ☐ Change ☐ Addition
NAME	LUSTON J. BUTLER III	62 NAME
STREET ADDRESS	207 NATURES TRAIL	63 STREET ADDRESS
CITY-ST-ZIP	FT WALTON BEACH, FL 32548	64 CITY-ST-ZIP

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14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: JAMES R. ANDONSON APRIL 30, 1997 904-837-0101

FAX AUDIT #