

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 23, 1999 8:00 am
Secretary of State

04-23-1999 90240 050 ***150.00

DOCUMENT # P96000088960

1. Corporation Name

FLORIDIAN MANAGEMENT OF THE EMERALD COAST, INC.

Principal Place of Business

4477 LEGENDARY DR
SUITE 203
DESTIN FL 32541

Mailing Address

4477 LEGENDARY DR
SUITE 203
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/24/1996

2. Principal Place of Business

21 2931 SCENIC HWY 98

2a. Mailing Address

26 2931 SCENIC HWY 98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

DESTIN FLORIDA

27 City & State

28 DESTIN, FLORIDA

24 Zip

Country

32541

25

USA

29 Zip

Country

32541

30

USA

4. FEI Number

59-3407861

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

9. Name and Address of Current Registered Agent

PLEAT, DAVID ESO
4477 LEGENDARY DR
SUITE 203
DESTIN FL 32541

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 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

TITLE PD
NAME ANDERSON, JAMES R
STREET ADDRESS 310 SOUTHLAKE CT
CITY-ST-ZIP NICEVILLE FL 32578

☐ DELETE

TITLE SD
NAME BUCKINGHAM, MICHAEL
STREET ADDRESS 160 INDUSTRIAL PK
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE TD
NAME FULMER, TIMOTHY D
STREET ADDRESS 118 TRISTA TERRACE CT
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE D
NAME FULMER, MILTON
STREET ADDRESS 4490 LUKE AVE
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE D
NAME DURST, JUSTIN R
STREET ADDRESS NORTH LAKESIDE DR
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE SD
NAME BUTLER, LESTER J
STREET ADDRESS 207 NATURE'S TRAIL
CITY-ST-ZIP FT WALTON BEACH FL 32548

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D WILLIAMS, STEVE
1.2 NAME
1.3 STREET ADDRESS 7700 PROSPERATION RD
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32312

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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:

JAMES R ANDERSON

4/20/99

850-650-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)