

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

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May 19, 2000 8:00 am
Secretary of State

05-19-2000 90004 012 ***150.00

2000
 Uniform
 Business
 Report

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

DOCUMENT # ~~XXXXXXXXXXXX~~
 1. Corporation Name
EMERALD COAST WATERSPORTS, INC.

Principal Place of Business
 1310 HWY. 90 E.
 FT. WALTON BEACH FL 32548

Mailing Address
 2413 WINDON CT
 ATLANTA GA 30380
 US

P96000095266

2. Principal Place of Business
 21 **153 Beal Pkwy**
 Suite, Apt. #, etc.
 22 **City & State**
 23 **Ft Walton Beach, FL**
 Zip **32548** Country **USA**

2a. Mailing Address
 26 **2413 WINDON CT**
 Suite, Apt. #, etc.
 27 **City & State**
 28 **ATLANTA GA**
 Zip **30380** Country **US**

9. Name and Address of Current Registered Agent
WAGNER, KAREN
153 Beal Pkwy
Ft. Walton Beach, FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/21/1996

4. FEI Number
59-3416920

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

6. Election Campaign Financing
 Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. This corporation owes the current year intangible
 Personal Property Tax. ☐ Yes ☐ No

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 Karen Wagner Karen Wagner 4/28/00
 Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
	WAGNER, ROBERT	2413 WINDON COURT	ATLANTA GA 30380	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	☐ 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; in or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, Change or an attachment with an address, with all other like empowered.

SIGNATURE Robert S. Wagner 4/28/00 (770) 357-6299
 Signature, typed or printed name of signer's officer or director Date Daytime Phone #

CR2E034 (11/98)