

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 09, 1999 8:00 am
Secretary of State

04-09-1999 90049 004 ***150.00

DOCUMENT # P96000098915

1. Corporation Name

LEGENDARY ST. CLOUD, INC.



Principal Place of Business

385 HIGHWAY 98E
SUITE 60
DESTIN FL 32541

Mailing Address

385 HIGHWAY 98E
SUITE 60
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1996

4. FEI Number

59-3415352

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 the current year Intangible
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LEGLER, MITCHELL W
ONE INDEPENDENT DRIVE
SUITE 3104
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name

LEGLER, MITCHELL W.

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

300A Wharfside Way

83

84 City

Jacksonville

FL

85 Zip Code
32207

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

Mitchell W. Legler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/3/99

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE DP
NAME BOS, PETER H
STREET ADDRESS 385 HIGHWAY 98E, SUITE 20
CITY-ST-ZIP DESTIN FL

TITLE V
NAME LORENZEN, DWIGHT
STREET ADDRESS 385 HWY 98 E, 60
CITY-ST-ZIP DESTIN FL

TITLE TV
NAME CLAUSON, GREG
STREET ADDRESS 385 HWY 98 E, 60
CITY-ST-ZIP DESTIN FL

TITLE S
NAME PARKER, WENDY
STREET ADDRESS 385 HWY 98E, 60
CITY-ST-ZIP DESTIN FL

TITLE S
NAME BURKE, G
STREET ADDRESS 385 HWY 98 E, STE 60
CITY-ST-ZIP DESTIN FL 32541

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE V/T
1.2 NAME BUSFIELD, DAVID A.
1.3 STREET ADDRESS 385 Hwy 98E, Ste 60
1.4 CITY-ST-ZIP Destin, FL 32541

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

3.1 TITLE V
3.2 NAME CLAUSON, GREG
3.3 STREET ADDRESS 385 Hwy 98E, Ste 60
3.4 CITY-ST-ZIP Destin, FL 32541

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter H. Bos

4/9/99

850-654-6500

Date

Daytime Phone #

CR2E034 (11/98)