


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																																																																																																																									
DOCUMENT # P97000002144																																																																																																																													
1. Corporation Name ADVANCED COASTAL CONSTRUCTION, INC.																																																																																																																													
Principal Place of Business 155 CRYSTAL BCH DR SUITE 101 DESTIN FL 32541			Mailing Address 155 CRYSTAL BCH DR SUITE 101 DESTIN FL 32541																																																																																																																										
2. Principal Place of Business 21 9705 HWY 98 WEST Suite, Apt. #, etc. 22 SUITE 200 City & State 23 DESTIN, FLORIDA Zip Country 24 32541 25 USA		2a. Mailing Address 26 9705 HWY 98 WEST Suite, Apt. #, etc. 27 SUITE 200 City & State 28 DESTIN, FLORIDA Zip Country 29 32541 30 USA		3. Date Incorporated or Qualified 01/08/1997 4. FEI Number 59-3419301 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																									
9. Name and Address of Current Registered Agent PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD FORT WALTON BEACH FL 32548			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 re-statuting) DATE																																																																																																																													
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>COLE, CHARLES CRAIG</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4204 BRITTANY CT</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PENSACOLA FL 32504</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>MUNTER, F.J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>POSTFACH 200 414</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>53134 BONN GERMANY</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>POATE, CHRISTOPHER H</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1395 SUNSET BEACH DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NICEVILLE FL 32578</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> DELETE	NAME	COLE, CHARLES CRAIG		STREET ADDRESS	4204 BRITTANY CT		CITY-ST-ZIP	PENSACOLA FL 32504		TITLE	D	<input type="checkbox"/> DELETE	NAME	MUNTER, F.J.		STREET ADDRESS	POSTFACH 200 414		CITY-ST-ZIP	53134 BONN GERMANY		TITLE	P	<input type="checkbox"/> DELETE	NAME	POATE, CHRISTOPHER H		STREET ADDRESS	1395 SUNSET BEACH DRIVE		CITY-ST-ZIP	NICEVILLE FL 32578		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY-ST-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <table border="1"> <tr> <td>11 TITLE</td> <td>V</td> </tr> <tr> <td>12 NAME</td> <td></td> </tr> <tr> <td>13 STREET ADDRESS</td> <td></td> </tr> <tr> <td>14 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>21 TITLE</td> <td></td> </tr> <tr> <td>22 NAME</td> <td></td> </tr> <tr> <td>23 STREET ADDRESS</td> <td></td> </tr> <tr> <td>24 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>31 TITLE</td> <td></td> </tr> <tr> <td>32 NAME</td> <td></td> </tr> <tr> <td>33 STREET ADDRESS</td> <td>1393 SUNSET BEACH DRIVE</td> </tr> <tr> <td>34 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>41 TITLE</td> <td></td> </tr> <tr> <td>42 NAME</td> <td></td> </tr> <tr> <td>43 STREET ADDRESS</td> <td></td> </tr> <tr> <td>44 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>51 TITLE</td> <td></td> </tr> <tr> <td>52 NAME</td> <td></td> </tr> <tr> <td>53 STREET ADDRESS</td> <td></td> </tr> <tr> <td>54 CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>61 TITLE</td> <td></td> </tr> <tr> <td>62 NAME</td> <td></td> </tr> <tr> <td>63 STREET ADDRESS</td> <td></td> </tr> <tr> <td>64 CITY-ST-ZIP</td> <td></td> </tr> </table>			11 TITLE	V	12 NAME		13 STREET ADDRESS		14 CITY-ST-ZIP		21 TITLE		22 NAME		23 STREET ADDRESS		24 CITY-ST-ZIP		31 TITLE		32 NAME		33 STREET ADDRESS	1393 SUNSET BEACH DRIVE	34 CITY-ST-ZIP		41 TITLE		42 NAME		43 STREET ADDRESS		44 CITY-ST-ZIP		51 TITLE		52 NAME		53 STREET ADDRESS		54 CITY-ST-ZIP		61 TITLE		62 NAME		63 STREET ADDRESS		64 CITY-ST-ZIP	
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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 ****\$18.75 ****\$150.00

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day in Phone #

850-650-5571