

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 13, 1999 8:00 am
Secretary of State

04-13-1999 90088 026 ***150.00

DOCUMENT # P97000024296

1. Corporation Name

DESTIN GATEWAY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 385 HIGHWAY 98 SUITE 60 DESTIN FL 32541		Mailing Address 385 HIGHWAY 98 SUITE 60 DESTIN FL 32541	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent LEGLER, MITCHELL W ONE INDEPENDENT DR, STE 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	

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

59-3433911

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

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)

3/3/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	V/T
NAME	BOS, PETER	1.2 NAME	BUSFIELD, DAVID A.
STREET ADDRESS	385 HWY 98 E, STE 60	1.3 STREET ADDRESS	385 Hwy. 98E, Ste 60
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	TV	2.1 TITLE	V
NAME	CLAUSON, GREG	2.2 NAME	CLAUSON, GREG
STREET ADDRESS	385 98 E, STE 60	2.3 STREET ADDRESS	385 Hwy 98E, Ste 60
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	Destin, FL 32541
TITLE	V	3.1 TITLE	
NAME	LORENZEN, DWIGHT C	3.2 NAME	
STREET ADDRESS	385 HWY 98 E, STE 60	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	PARKER, WENDY	4.2 NAME	
STREET ADDRESS	385 HWY 98 E, STE 60	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	BURKE, GAIL	5.2 NAME	
STREET ADDRESS	385 HWY 98 E, STE 60	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (1/1/98)