

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000025862 (8)

1. Corporation Name  
TIDE WATER DEVELOPMENT GROUP INC.

Principal Place of Business

Mailing Address

3120 MAC ROAD  
ST. AUGUSTINE FL 32086

3120 MAC ROAD  
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

52-2040420

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4700 US 1 NORTH

26 4700 US 1 NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 St. Augustine, FL

28 St. Augustine, FL

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HEFFERON, MICHAEL J  
3120 MAC ROAD  
ST. AUGUSTINE FL 32086

81 Name

Michael J. Hefferon

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

4700 US 1 NORTH

83

84 City

St. Augustine

FL

85 Zip Code

32095

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

☒ Change ☐ Addition

NAME  
D SMITH, CHARLES K  
STREET ADDRESS  
3120 MAC ROAD  
CITY-ST-ZIP  
ST. AUGUSTINE FL 32086

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
4700 U.S. 1 NORTH  
St. Augustine, FL 32095

1.1 TITLE ☐ DELETE

☒ Change ☐ Addition

NAME  
D HEFFERON, MICHAEL J  
STREET ADDRESS  
3120 MAC ROAD  
CITY-ST-ZIP  
ST. AUGUSTINE FL 32086

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
4700 US 1 NORTH  
St. Augustine, FL 32095

1.1 TITLE ☐ DELETE

☒ Change ☐ Addition

NAME  
D SPARKS, MARY C  
STREET ADDRESS  
3120 MAC ROAD  
CITY-ST-ZIP  
ST. AUGUSTINE FL 32086

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4700 US 1 NORTH  
St. Augustine, FL 32095

1.1 TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

1.1 TITLE ☐ DELETE

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 in an attachment with an address.

SIGNATURE: Charles K. Smith CHARLES K. SMITH 808-8427 (904)

CR2E034 (10/97)