

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 # **P97000028593**

1. Corporation Name

SUNDAY'S TANNING CENTER OF DESTIN, INC.

Principal Place of Business

**228 AMBERJACK DRIVE #10
FT. WALTON BEACH FL 32548**

Mailing Address

**228 AMBERJACK DRIVE #10
FT. WALTON BEACH FL 32548**

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90213 025 ***163.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/26/1997

4. FEI Number

APPLIED FOR 59-3504317

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

2. Principal Place of Business

21 109 Hwy 98 E

Suite, Apt. #, etc.

22 Suite G

City & State

23 Destin, FL

Zip

24 32541

Country

25 USA

2a. Mailing Address

26 109 Hwy 98 E

Suite, Apt. #, etc.

27 Suite G

City & State

28 Destin, FL

Zip

29 32541

Country

30 USA

9. Name and Address of Current Registered Agent

**MILLER, BARBARA
109 EAST HWY. 98
DESTIN FL 32541**

10. Name and Address of New Registered Agent

81 Name

Catherine A. Taylor

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

405 Cobia Avenue

83

84 City

Ft Walton Beach FL

85 Zip Code

32548

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

Catherine A. Taylor

Catherine A. Taylor, President 4-30-99

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PSTD** ☒ DELETE
NAME **MILLER, BARBARA D**
STREET ADDRESS **C/O 228 AMBERJACK DRIVE #10**
CITY-ST-ZIP **FT. WALTON BEACH FL 32548**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President P** ☒ Change ☐ Addition
1.2 NAME **Catherine A. Taylor**
1.3 STREET ADDRESS **405 Cobia Avenue**
1.4 CITY-ST-ZIP **Ft Walton Beach, FL 32548**

2.1 TITLE **Vice President V** ☐ Change ☒ Addition
2.2 NAME **James H. Taylor**
2.3 STREET ADDRESS **405 Cobia Avenue**
2.4 CITY-ST-ZIP **Ft Walton Beach, FL 32548**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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:

Catherine A. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 850-837-2472

Date

Daytime Phone #

CR2E034 (11/98)