

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 16, 2004 8:00 am**  
**Secretary of State**

07-16-2004 90009 011 \*\*\*150.00

**DOCUMENT # P97000034684**

1. Entity Name  
**PIER 99 BEACH FRONT MOTEL, INC.**



Principal Place of Business  
**9900 SOUTH THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**

Mailing Address  
**9900 SOUTH THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**

**54062790**



2. Principal Place of Business  
**131 Grand Heron Dr.**

3. Mailing Address  
**Same**

07142004 Chg-P CR2E034 (10/03)

City & State  
**Panama City Bch, FL**

City & State

4. FEI Number  
**59-3446018**

Applied For  
Not Applicable

Zip  
**32407**

Country  
**USA**

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MCLAUGHLIN, SHARON A  
9900 SOUTH THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408**

**7. Name and Address of New Registered Agent**

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **D** ☐ Delete  
NAME **MCLAUGHLIN, JOHN W**  
STREET ADDRESS **9900 SOUTH THOMAS DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE **D** ☐ Delete  
NAME **MCLAUGHLIN, SHARON A**  
STREET ADDRESS **9900 SOUTH THOMAS DRIVE**  
CITY-ST-ZIP **PANAMA CITY BEACH, FL 32408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 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

**7-14-04**

Date

**850-230-3881**

Daytime Phone #



A. Hochman

# PG7000034684

574062790

- 131 Grand Heron  
PCB 32407

(850)  
230-3881

July 14, 2004

Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Sir,

Find enclosed the 2004 annual report for Pier 99 Beachfront Motel. This form is being submitted late, due to the change of address of all mail that is sent to the above reference property.

I may have not received the renewal for the current year, due to a change of address issue. However, I did get a reminder card to notify me of a 60-day notice to respond. My bookkeeper did notify your office to let you know that the business was being sold, but not until mid year of 2004. I am enclosing my report along with a check in the amount of \$150.00 to cover the cost of renewal. I understand that I may be charged the \$400 late fee, but would like to request to have that waived due to the change of address issue. I did get the notification card forwarded to the new address, which same information has been submitted on annual report form. (please change address a.s.a.p)

Please advise if the fee will be waived, if not, please contact me for payment. I apologize for any inconvenience this may have caused your staff.

Thanking you in advance for your help.

Sharon McLaughlin

Pier 99 Beachfront Motel  
131 Grand Heron Drive  
Panama City Beach, FL 32407

enclosure

Attachment

54062790



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
Glenda E. Hood  
DIVISION OF CORPORATIONS  
P.O. Box 6327  
Tallahassee, Florida 32314

#P97000034684

First-Class Mail  
U.S. Postage  
**PAID**  
State of Florida  
84321

## NOTICE OF INTENT TO DISSOLVE

0172682 01 AV 0.176 \*\*AUTO TS 2 1203 32408-422100

|||||

PIER 99 BEACH FRONT MOTEL, INC.  
9900 SOUTH THOMAS DRIVE  
PANAMA CITY BEACH, FL 32407-2402

PIER99 324082022 1003 10 07/08/04  
NOTIFY SENDER OF NEW ADDRESS  
PIER 99 BEACHFRONT MOTEL  
131 GRAND HERON DR #99  
PANAMA CITY FL 32407-2402

|||||