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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## FLORIDA DEPARTMENT OF STATE Sandra B. Þörthar

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000038186 (7)

SUNSHINE PONTOON RENTALS OF DESTIN, FLORIDA, INC

Principal Place of Business Mailing Address PO BOX 278 PO BOX 278 CRESTVIEW FL 32536 CRESTVIEW FL 32536 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For **59-**3443655 21 Not Applicable Suite, Apt. #, etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip · Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes ΠNo 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAUGHT, ALEXANDRA R 81 **5 CLIFFORD DRIVE** Street Address (P.O. Box Number is Not Acceptable) 82 SAHLIMAR FL 32579 83 84 City 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 reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE TITLE Snowden, Roy P 102 Alabama Street, Suite B SNOWDEN, ROY P 1.2 NAME NAME **PO BOX 278** STREET ACCRESS 1.3 STREET ADDRESS CRESTVIEW FL 32536 Crestview FL 32536 1.4 CHTY-ST-ZIP CITY-ST-7IP DELETE Addition TITLE 2.1 TITLE Felt, Joffrey T FELT, JEFFREY T NAME 2.2 NAME 502 Rue de Marsielles 27501 BAY STREET, UNIT C-1 2.3 STREET ADDRESS STREET ADDRESS **GULF BREEZE FL 32561** Hary Esther FL 32569 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP Change DELETE Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME **5.2 NAME** 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - 7IP DELETE Change Addition TITLE 6.1 TITLE **500000255990**0. -**0**6/23/88-01079-028 NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 CITY-ST-ZIP pplied will this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information plemental simular report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an or the regulver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information s

indicated on this annual report or sy Block 12 or Block 13 if char

16.28-90

OKA 100-1119

FILED

Jun 22 1998 8:00am

Secretary of State