## 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 # P97000038814

BOOKER & MACDONALD REALTY, INC.

## FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90007 035 \*\*\*150.00



							{				#
Principal Place of Business Mailing Address											
9722-B FRONT BEACH ROAD 9722-B FRONT BEACH ROAD											
PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32				106			DO NOT WRITE IN THIS SPACE				
							3. Date Incorporated or Qualifed				
							04/29/1997				1
2. Principal Pl	ace of Business	2a. Mailing A	ddress				4. FEI Number			Applied F	or
26			•				65-0753321			Not Applicable	
Suite, Apt.	#, etc.	+	Suite, Apt. #, etc.						\$8.7	<b>5</b> Additio	nal
22		27	,]				5. Certifcate of Status Desired	<u> </u>	Fee	e Required	ı
City & State	9	- City & St	City & State				6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees					
Zip	Country				ountry		8. This corporation owes the current year Intangible				
24	25	29	30	<u> </u>			Personal Property Tax. Yes No				
	9. Name and Address of Current	Registered Age	nt				10. Name and Address of New R	egistered A	gent		
500	KED TEDDY W			81	Nam	е					
BOOKER, TERRY W				82	Stree	t Addres	ss (P.O. Box Number is Not Acceptai	ole)			
9722-B FRONT BEACH ROAD					<u> </u>						
PAN/	AMA CITY BEACH FL 32408			83							
				84	City				85	Zip Code	
								FL_	1 1	·	
11. Pursuant t	to the provisions of Sections 607.0502 egistered agent, or both, in the State o	and 607.1508, F	lorida Statutes,	the above	e-name	d corpor	ration submits this statement for the p	ourpose of o	changing	g its registe s registere	ered
office or re agent. I as	egistered agent, or both, in the State on familiar with, and accept the obligation	ons of, Section 6	07.0505, Florida	Statutes	use cor	poration	is board of directors. Thereby accep	пе арроп	uncir a	a registere	`
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re					nt signatur	e required v	when reinstating)	DATE			_
12.	OFFICERS AND			13.			ADDITIONS/CHANGES TO OFF	ICERS AN			
TITLE	DP	L	] DELETE	1.1 TITLE		1			Char	ige □/	Addition
NAME	BOOKER, CARMON J			1.2 NAME							
STREET ADDRESS	9722-B FRONT BEACH ROAD			1.3 STREET	ADDRES	s					
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408		_	1.4 CITY-ST	T-ZIP	↓—					A -d -d:41
TITLE	D	L	] DELETE	2.1 TITLE					[] Char	nge ∐	Addition
NAME	reid, robert g			2.2 NAME							
STREET ADDRESS	9722-B FRONT BEACH ROAD		į	2.3 STREET	TADDRES	s					1
CITY-ST-ZIP	PANAMA CITY BEACH FL 3240			2.4 CITY-S	ST-ZIP				_		
TITLE	VP		DELETE	3.1 TITLE					☐ Char	nge ∐	Addition
NAME	MARTIN, MARTI L			3.2 NAME							- [
STREET ADDRESS 9722-B FRONT BEACH ROAD				3 3 STREET ADDRESS		s					1
CITY-ST-ZIP	PANAMA CITY BEACH FL 3240			3 4. CITY-S	T-ZIP						A 31-300
TITLE	\$	[	DELETE	4.1 TITLE					Char	nge 🔲	Addition
NAME	radden, debra			4. 2 NAME							
STREET ADDRESS	9722-B FRONT BEACH ROAD			4.3 STREET	TADDRES	s					
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	3		4.4 CITY-S	T-ZIP						
TITLE	T		] DELETE	5.1 TITLE					Cha	nge 🗀	Addition
NAME	RADDEN, WILLIE			5.2 NAME							1
STREET ADDRESS	9722-B FRONT BEACH ROAD			5.3 STREET	T ADDRES	S					
CITY-ST-ZIP	PANAMA CITY BEACH FL 32400			5.4 CITY-S	T-ZIP						
TITLE			DELETE	6.1 TITLE					Char	nge 🔲	Addition
NAME				6.2 NAME							
STREET ADDRESS				6.3 STREET	TADDRES	is)					

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. CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR