

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

**FILED**  
**Mar 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000051113 (3)**  
 1. Corporation Name  
**FLORIDIAN COMMERCIAL, INC.**



Principal Place of Business <b>POST OFFICE BOX 5438 DESTIN FL 32541</b>	Mailing Address <b>POST OFFICE BOX 5438 DESTIN FL 32541</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>06/09/1997</b>	
4. FEI Number <b>59-3454945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	8. Name and Address of Current Registered Agent <b>PLEAT, DAVID B ESQUIRE 30 SOUTH SHORE DRIVE DESTIN FL 32541</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Treasurer/Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FULMER, TIMOTHY D</b>		1.2 NAME <b>Fulmer, Timothy D.</b>	
STREET ADDRESS <b>POST OFFICE BOX 5438 N/A</b>		1.3 STREET ADDRESS <b>SAME</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Matthew Savoie, V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FULMER, MILTON</b>		2.2 NAME <b>137 N. Bishop Road</b>	
STREET ADDRESS <b>POST OFFICE BOX 5438 N/A</b>		2.3 STREET ADDRESS <b>Santa Rosa Road, FL</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		2.4 CITY-ST-ZIP <b>32459</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>BUTLER, LESTER J</b>		3.2 NAME <b>Dave Brown</b>	
STREET ADDRESS <b>207 NATURES TRAIL</b>		3.3 STREET ADDRESS <b>746 Bayshore Drive</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		3.4 CITY-ST-ZIP <b>DESTIN, Florida 32541</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DURST, JUSTIN</b>		4.2 NAME	
STREET ADDRESS <del>XXXXXXXXXX</del> <b>824 North Lakeshore Dr.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ANDERSON, JAMES R</b>		5.2 NAME	
STREET ADDRESS <b>POST OFFICE BOX 817 N/A</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRAY, LORI</b>		6.2 NAME <b>Al Breithaupt</b>	
STREET ADDRESS <b>POST OFFICE BOX 817 N/A</b>		6.3 STREET ADDRESS <b>3472 scenic Hwy 98</b>	
CITY-ST-ZIP <b>DESTIN FL 32541</b>		6.4 CITY-ST-ZIP <b>DESTIN, FL 32541</b>	

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.

SIGNATURE: *Timothy D. Fulmer* 2/17/98 850-150-8099

CR2E034 (10/97)