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Mar 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000051113 (3)

1. Corporation Name  
FLORIDIAN COMMERCIAL, INC.



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/1997	
21		26		4. FEI Number 59-3454945	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		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	
24		29			
25		30			

9. Name and Address of Current Registered Agent

PLEAT, DAVID B ESQUIRE  
30 SOUTH SHORE DRIVE  
DESTIN FL 32541  
4477 Legendary Drive  
Suite 201

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

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Treasurer/Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FULMER, TIMOTHY D	1.2 NAME	Fulmer, Timothy D.
STREET ADDRESS	POST OFFICE BOX 5438 N/A	1.3 STREET ADDRESS	SAME
CITY-ST-ZIP	DESTIN FL 32541	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Matthew Savio, V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULMER, MILTON	2.2 NAME	137 N. Bishop Road
STREET ADDRESS	POST OFFICE BOX 5438 N/A	2.3 STREET ADDRESS	Santa Rosa Beach, FL
CITY-ST-ZIP	DESTIN FL 32541	2.4 CITY-ST-ZIP	32459
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUTLER, LESTER J	3.2 NAME	Dave Brown
STREET ADDRESS	207 NATURES TRAIL	3.3 STREET ADDRESS	746 Bayshore Drive
CITY-ST-ZIP	DESTIN FL 32541	3.4 CITY-ST-ZIP	Destin, Florida 32541
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	DURST, JUSTIN	4.2 NAME	
STREET ADDRESS	<del>7777</del> 824 North Lakeshore Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	ANDERSON, JAMES R	5.2 NAME	
STREET ADDRESS	POST OFFICE BOX 817 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, LORI	6.2 NAME	Al Breithaupt
STREET ADDRESS	POST OFFICE BOX 817 N/A	6.3 STREET ADDRESS	3472 Scenic Hwy 98
CITY-ST-ZIP	DESTIN FL 32541	6.4 CITY-ST-ZIP	DESTIN, FL 32541

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 2/17/98 850-150-4009

CP2E034 (10/97)