

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

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90270 047 \*\*\*150.00

DOCUMENT # P97000051113

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
06/09/1997

4. FEI Number  
59-3454945

Applied For  
Not Applicable

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

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

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLEAT, DAVID B ESQUIRE  
4477 LEGENDARY DRIVE  
SUITE 201  
DESTIN FL 32541

81 Name

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

83

84 City

FL 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 TS ☐ DELETE  
NAME FULMER, TIMOTHY D  
STREET ADDRESS POST OFFICE BOX 5438 N/A  
CITY-ST-ZIP DESTIN FL 32541

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME D BROWN, DAVID  
1.3 STREET ADDRESS 746 Bayshore Dr  
1.4 CITY-ST-ZIP DESTIN FL 32541

TITLE D ☐ DELETE  
NAME FULMER, MILTON  
STREET ADDRESS POST OFFICE BOX 5438 N/A  
CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME SMOKE, MATTHEW  
2.3 STREET ADDRESS 137 N. Bishop Rd  
2.4 CITY-ST-ZIP SANTA ROSA Bch FL 32459

TITLE D ☐ DELETE  
NAME BUTLER, LESTER J  
STREET ADDRESS 207 NATURES TRAIL  
CITY-ST-ZIP DESTIN FL 32541

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DURST, JUSTIN  
STREET ADDRESS 824 NORTH LAKESHORE DRIVE  
CITY-ST-ZIP DESTIN FL 32541

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME ANDERSON, JAMES R  
STREET ADDRESS POST OFFICE BOX 817 N/A  
CITY-ST-ZIP DESTIN FL 32541

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME BREITHAUP, AL  
STREET ADDRESS 3472 SCENIC HWY 98  
CITY-ST-ZIP DESTIN FL 32541

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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.

SIGNATURE:

SIGNATURE REQUIRED  
JAMES R. Anderson 4/20/99 850-650-5095  
Date Daytime Phone #

CR2E034 (11/98)