

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 # P97000061725

1. Corporation Name

FLORIDA FROST, INC.

Principal Place of Business

151 REGIONS WAY BLDG. 6 STE. B
DESTIN FL 32541

Mailing Address

151 REGIONS WAY BLDG. 6 STE. B
DESTIN FL 32541

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90026 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1997

4. FEI Number

59-3459176

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
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 58 Ballamore Rd
Suite, Apt. #, etc.

26 P.O. Box 6065
Suite, Apt. #, etc.

22 City & State
23 Destin FL

27 City & State
28 Destin FL

24 Zip 32541 25 Country USA

29 Zip 32541 30 Country USA

9. Name and Address of Current Registered Agent

MCGILL, ROBERT E III
743 HWY 98 EAST STE. 5
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name Kenneth Haas
82 Street Address (P.O. Box Number is Not Acceptable)
58 Ballamore Rd
83
84 City Destin, FL 85 Zip Code 32541

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

Kenneth Haas

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PS	HAN, KENNETH	P.O., BOX 6065 N/A	DESTIN FL 32541	<input type="checkbox"/>
CEO	EDWARD, TERRY	P.O. BOX 6065 N/A	DESTIN FL 32541	<input type="checkbox"/>
D	BLANTON, DARRALL	151 REGION WAY BLVD, SUITE B	DESTIN FL 32541	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)