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PROFIT CORPORATION , ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000068118 (3)

CUVEE BEACH, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1500 WEST BEACH DRIVE 1500 WEST BEACH DRIVE PANAMA CITY FL 32401 PANAMA CITY FL 32401 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1997 28. Mailing Address 26. | 515. Drummond 2. Principal Place of Business Applied For 59-3462652 1515 Drummond 26 Not Applicable Suite, Apl. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Panamo *Yanama* \Box Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Ves □ No Personal Property Tax due June 30. 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name NUNNERY, BRENDA B 1500 WEST BEACH DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY FL 32401 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Floride 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/9) Change Addition DELETE TITLE 1.1 TITLE NUNNERY, PHILIP J 1.2 NAME NAME 1500 WEST BEACH DRIVE STREET ADDRESS 1.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE **NUNNERY, BRENDA B** NAME 2.2 NAME 1500 WEST BEACH DRIVE STREET ADDRESS 2.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DENT, WILLIAM W 3.2 NAME NAME 1515 DRUMMOND 3.3 STREET ADDRESS STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE DENT, ANN C NAME 4. 2 NAME 1515 DRUMMOND STREET ADDRESS 4.3 STREET ADDRESS PANAMA CITY FL 32401 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.15 CITY-ST-ZIP 5.4 CITY-ST-ZIP 600002528776 -05/19/98--01038--037 DELETE 6.1 TITLE TITLE HAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS ***150.00 6.4 CITY-ST-ZIP 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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental arrival 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:

. C . [

Ann C. De

3/21/98 850/872-2369