

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 # P97000080118

1. Corporation Name

EMERALD COAST FINANCIAL MANAGEMENT, INC.

Principal Place of Business  
4003 EAST C-30A  
SANTA ROSA BEACH FL 32459

Mailing Address  
4003 EAST C-30A  
SANTA ROSA BEACH FL 32459

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

04-22-1999 90123 039 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1997

4. FEI Number

59-3470920

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SHIELDS, JEREMY  
7522 FRONT BEACH RD  
PANAMA CITY BCH FL 32407

10. Name and Address of New Registered Agent

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

TITLE VP ☐ DELETE

NAME ALLEN, WILLIAM L  
STREET ADDRESS 2401 STANFORD RD APT 401  
CITY-ST-ZIP PANAMA CITY FL 32405

TITLE D ☐ DELETE

NAME WILLIAMS, J. C DR  
STREET ADDRESS 801 E SIXTH ST STE 504  
CITY-ST-ZIP PANAMA CITY FL 32401

TITLE D ☐ DELETE

NAME ANDREWS, ANGUS G  
STREET ADDRESS PO BOX 405 N/A  
CITY-ST-ZIP DEFUNIAK SPRINGS FL 32433

TITLE D ☐ DELETE

NAME BARRETT, MARK R  
STREET ADDRESS 99 RACETRACK RD NW STE 300  
CITY-ST-ZIP FT WALTON BCH FL 32547

TITLE D ☐ DELETE

NAME BENNET, MICHAEL  
STREET ADDRESS 15806 FRONT BEACH RD  
CITY-ST-ZIP PANAMA CITY BCH FL 32408

TITLE D ☐ DELETE

NAME DUNKEL, GERALD  
STREET ADDRESS 1234 AIRPORT RD STE 124  
CITY-ST-ZIP DESTIN FL 32541

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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)(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 REQUIRED

4-21-99

Date

234-2375

Daytime Phone #

CR2E034 (11/98)

0567410