## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

## **FILED** Feb 27 1998 8:00am Secretary of State

ETO INVESTORS, INC.	70000020	(0)				
Principal Place of Business	Mailing Address					
305 MAIN STREET DESTIN FL 32541		305 MAIN STREET Destin FL 32541		DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualified 10/21/1997		
2. Principal Place of Business 21	2a. Mailing Addr	ess		4. FEI Number Applied For S9 — 3473588 Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country 24 25	Zip 29	30 Cou	intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
9. Name and Address of Curr	ent Registered Agent		_	10. Name and Address of New Registered Agent		
REYNOLDS, KATHLEEN			81	Name		
305 MAIN STREET DESTIN FL 32541			82	Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	<u>                                     </u>		
<ol> <li>Pursuant to the provisions of Sections 607.00 office or registered agent, or both, in the Sta agent, I am familiar with, and accept the obl</li> </ol>	ite of Florida. Such chan	ge was authorize	d by	ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered es.		
SIGNATURE						
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Register		o Age	Applitions/CHANCES TO DESCRIPT AND DIRECTORS IN 12		

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	☐ DELETE	1.1 TITLE	President	☐ Change ☑ Addition				
NAME		1.2 NAME	Karney Reyolds					
STREET ADDRESS		1.3 STREET ADDRESS	BOS main St.					
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Kathleen Reyolds 305 main St. Destin, FL 32541					
TITLE	☐ DELETE	21 TITLE		☐ Change ☐ Addition				
NAME		22 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZiP	1					
TITLE	☐ DELETE	3.1 TITLE		Change Addition				
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS	-					
CITY-ST-ZIP		3.4. CITY-ST-ZIP	<u> </u>					
TITLE	DELETE	4.1 TITLE		Change Addition				
NAME		4. 2 NAME	j					
STREET ADDRESS		4.3 STREET ADDRESS						
CITY-ST-ZIP		4.4 CITY - ST - ZIP						
TITLE	☐ DELETE	5.1 TETLE		Change Addition				
NAME		5.2 NAME		25 100				
STREET ADDRESS		5.3 STREET ADDRESS		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~				
CITY-ST-ZIP		5.4 CITY - ST - ZIP	<u> </u>	2/6,				
TITLE	DELETÉ	6.1 TITLE	200002442 -02/27/9801035-	Change Addition				
NAME		6.2 NAME	-02/27/9801035	T 1 6 -028				
STREET ADDRESS		6.3 STREET ADDRESS	***150.00	OLO				
CITY OT 210		CARRY OF 710	1					

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 20 on an address.