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May 06, 1999 8:00 am
Secretary of State

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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000105694

1. Corporation Name

EMERALD COAST PROPERTY DEVELOPMENT, INC.

Principal Place of Business
**915 BEACHVIEW DR.
FT. WALTON BEACH FL 32547**

Mailing Address
**915 BEACHVIEW DR.
FT. WALTON BEACH FL 32547**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/15/1997

4. FEI Number

59-3489948

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.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 **2709 Rannoch Circle**

Suite, Apt. #, etc.

27

City & State

28 **Fort Smith, AR**

Zip

29 **72908**

Country

30 **Sebastian**

9. Name and Address of Current Registered Agent

**HUTCHENS, LAURIE
915 BEACHVIEW DR.
FT. WALTON BEACH FL 32547**

10. Name and Address of New Registered Agent

81 Name

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

83 ~~2709 Rannoch Circle~~ **912 Beachview Dr**

84

City **Fort Walton Beach**

FL

85 Zip Code **32547**

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

Laurie Hutchens

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/99

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **HUTCHENS, LAURIE**
STREET ADDRESS **915 BEACHVIEW DR.**
CITY-ST-ZIP **FT. WALTON BEACH FL 32547**

TITLE **D** ☒ DELETE

NAME **PALM, CHRISTOPHER**
STREET ADDRESS **1791 NORTH PEARL ST.**
CITY-ST-ZIP **CRESTVIEW FL 32547**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **Keith Wall**
1.3 STREET ADDRESS **913 Beachview Dr**
1.4 CITY-ST-ZIP **Fort Walton Bch, FL 32547**

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:

Laurie Hutchens

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

501/649/6200

Daytime Phone #

CR2E034 (11/98)