## 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 # P97000106867

SHOAL RIVER GARDENS, INC.

Principa	Place	of	Business

Mailing Address

## **FILED** Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90132 013 \*\*\*150.00



334 STAHLMAN AVE. DESTIN FL 32541		DO NOT WRITE IN THIS SPACE			
		3. Date Incorporated or Qualifed	•		
		12/19/1997			
2a. Mailing Address		4. FEI Number Applied	For		
26		<b>59-3486914</b> Not App	licable		
Suite, Apt. #, etc.		5. Certificate of Status Desired   \$8.75 Addition Fee Required			
City & State	<del></del>	-6. Election Campaign Financing - \$5.00 May 6 Trust Fund Contribution Added to Fee			
— — — — — — — — — — — — — — — — — — —	ountry	8. This corporation owes the current year Intangible Personal Property Tax.	<b>5</b>		
nt Registered Agent	10. Name and Address of New Registered Agent				
	81 Name				
	82 Street Add	dress (P.O. Box Number is Not Acceptable)			
	83				
	84 City	E1 85 Zip Code			
	2a. Mailing Address   26   Suite, Apt. #, etc.   27   City & State   28   Zip   Cc   29   30	Za. Mailing Address  26  Suite, Apt. #, etc.  27  City & State  28  Zip  Zip  Country  29  30  Country  30  Street Add  81  Name  82  Street Add  83	DESTIN FL 32541  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 12/19/1997  4. FEI Number Applied 59-3486914  Suite, Apt. #, etc. 27  City & State  City & State  Zip  Country  30  Country  8. This corporation owes the current year Intangible Personal Property Tax.  Personal Property Tax.  10. Name and Address of New Registered Agent  81  Name  82  Street Address (P.O. Box Number is Not Acceptable)  83		

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				DATE		
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature re		ID DIDEOTOE	SO 191 40
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	DPST	DELETE	1.1 TITLE	President	☐ Change	Addition
NAME	FRESHWATER, RICHARD J		1.2 NAME	Lawrence H. Crow		Į
STREET ADDRESS	334 STAHLMAN AVE.		1.3 STREET ADDRESS	335 Stahlman Ave.		
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	Destin, Fl. 32541		
TITLE		DELETE	2.1 TITLE	Vice-President	☐ Change	Addition
NAME			2.2 NAME	Richard J. Freshwate:	r, Jr.	
STREET ADDRESS			2.3 STREET ADDRESS	1150 Bay Court		
CITY-ST-ZIP			2. 4 CITY- ST-ZIP	Destin, Fl. 32541		
TITLE		☐ DELETE	3.1 TITLE	Secretary/Treasurer	Change	Addition
NAME			3.2 NAME	Betty C. Freshwater		
STREET ADDRESS			3.3 STREET ADORESS	334 Stahlman Ave.		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	Destin, F1. 32541		
TITLE		DELETE	4.1 TITLE	DCDC211, 11. 02012	Change	☐ Addition
NAME			4. 2 NAME			Ì
STREET ADORESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			<b></b>
TITLE		☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-2/P			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: (