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

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90091 048 ***150.00

DOCUMENT # P9800000853

COASTAL DEVELOPMENT CORPORATION OF DESTIN, INC.

	,					
Principal Place of Business Mailing Address						T I MATILIAN IND TOLDER FORTH MOTHS BOTH ADDITIONAL ADDITIONS OF THE ADDITIONS OF THE PROPERTY
8652 NAVARRE NAVARRE FL 3	PKWY. #153	•	8652 NAVARRE PKWY. #153			1
						DO NOT WRITE IN THIS SPACE
· 						3. Date Incorporated or Qualifed 12/31/1997
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26						59-3484212 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23 28				Tr		Trust Fund Contribution Added to Fees
Zip Country Zip			Country			8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax. Yes No
1	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
	2011 2007			81	Name	
PAULSON, SCOTT 1008 AIRPORT RD, STE E				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
		l				
DES	TIN FL 32541		- [83		
		•	-	84	City	85 Zip Code
						FL]
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the a					-named co	orporation 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 age	int and title if applicable. (NOTE	Registered /	Agent	signature requ	uired when reinstating) DATE
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETÉ	1.1 1111	.E		☐ Change ☐ Addition :
NAME	PAULSON, TERRY		1.2 NA	1.2 NAME		
STREET ADDRESS			1.3 STF	1.3 STREET ADORESS		
CITY-ST-ZIP	NAVARRE FL 32566		1.4 CIT	Y-ST	-ZIP	
ŤΠLE	D	☐ DELETE	2.1 TTT	.1 TTILE		☐ Change ☐ Addition
NAME	PAULSON, SCOTT		2.2 NA	ME		
STREET ADDRESS	2504 EDGEWATER DR		2.3 STF	REET	ADDRESS .	
CITY-ST-ZIP	NICEVILLE FL 32578		2. 4 C/I	Y-S1	r-ZIP	
TITLE .	DELETE 3.1 TI		3.1 TITL	Æ		☐ Change ☐ Addition
NAME	COOK, ELMER		3.2 NA	WE	ļ	
STREET ADDRESS	929 LIGHTHOUSE RD		3.3 STF	ŒET	ADDRESS	
CITY-ST-ZIP	FORT WALTON BEACH FL 325	i47	3.4. CII	Y- ST	-ZIP	
TITLE	D	☐ DELETE	4,1 TITI	.E		☐ Change ☐ Addition
NAME	CLARK, WAYNE		4. 2 NA	ME		
STREET ADDRESS	296 N HOLIDAY RD		4.3 STF	ŒET.	ADDRESS	}
CITY-ST-ZIP	DESTIN FL 32541		4.4 CIT	Y-ST-	-ZIP	
TITLE		☐ DELETE	5.1 TIT	E	_	☐ Change ☐ Addition
NAME		V	5.2 NA	ИE		<u> </u>
STREET ADDRESS			5.3 STF	REET	ADDRESS	
CITY-ST-ZIP	<u> </u>		5.4 CIT		- ZIP	
TITLE		☐ DELETE	6.1 TITE			☐ Change ☐ Addition
NAME			6.2 NAM	ΝĒ		/
STREET ADDRESS			6.3 STF	EET.	ADDRESS	/

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 an powered 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 adultment with a ladders, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: