

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 20, 1999 8:00 am  
Secretary of State

04-20-1999 90082 020 \*\*\*158.75

DOCUMENT # P98000027020

1. Corporation Name

East Pass Enterprises, Inc.

Principal Place of Business

288 B Hwy 98E  
Destin, Florida 32541

Mailing Address

P.O. Box 5272  
Destin, FL 32540

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3-20-98

2. Principal Place of Business

21 288 B Hwy 98E

Suite, Apt. #, etc.

22 City & State  
23 Destin, FL.

24 Zip 32541 25 Country USA

2a. Mailing Address

26 P.O. Box 5272

Suite, Apt. #, etc.

27 City & State  
28 Destin, FL.

29 Zip 32541 30 Country USA

4. FEI Number

59-3500424

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

9. Name and Address of Current Registered Agent

Michael H Crew  
25 BIAL Parkway NE  
FWB, FL. 32548

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 President ☐ DELETE  
NAME James J. Kennedy  
STREET ADDRESS 4117 Burning Tree Dr.  
CITY-ST-ZIP Destin, FL. 32541

TITLE V. President ☒ DELETE  
NAME Eric Beaudin  
STREET ADDRESS 603 2nd Street  
CITY-ST-ZIP Destin, FL. 32541

TITLE Secretary ☐ DELETE  
NAME Virginia Lipscomb  
STREET ADDRESS 4117 Burning Tree  
CITY-ST-ZIP Destin, FL. 32541

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 Vice President ☒ Change ☐ Addition  
1.2 NAME Virginia Lipscomb  
1.3 STREET ADDRESS 4117 Burning Tree Dr.  
1.4 CITY-ST-ZIP Destin, FL. 32541

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Lipscomb 4-4-99 8508372572

Date

Daytime Phone #

CR2E034 (11/98)