

**FILED**  
**Jun 07, 1999 8:00 am**  
**Secretary of State**

06-07-1999 90019 040 \*\*\*550.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # P98000042268

1. Corporation Name  
**MCNABB/RUNNELS REAL ESTATE, INC.**

## Principal Place of Business

910 AIRPORT ROAD #A2  
 DESTIN FL 32541

## Mailing Address

910 AIRPORT ROAD #A2  
 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

## 3. Date Incorporated or Qualified

05/11/1998

## 4. FEI Number

59-3448541

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

## 6. Election Campaign Financing

☐ \$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

## 2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

## 9. Name and Address of Current Registered Agent

**RUNNELS, DAVAGE J III**  
**36468 EMERALD COAST PARKWAY**  
**SUITE 2201**  
**DESTIN FL 32541**

## 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 re-registering)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **MCNABB, M P**  
 STREET ADDRESS **1390 FORT PICKENS ROAD UNIT 227**  
 CITY-ST-ZIP **PENSACOLA BEACH FL 32573-76**

TITLE **D** ☐ DELETE

NAME **RUNNELS, DAVAGE J JR.**  
 STREET ADDRESS **108 WAYNELL CIRCLE**  
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

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

## 1.3 STREET ADDRESS

## 1.4 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E034 (11/98)