


**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90009 035 \*\*\*150.00

<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 # P98000051499**

1. Corporation Name  
**PORTOFINO PARTNERS, INC.**

Principal Place of Business  
**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH FL 32548**

Mailing Address  
**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH FL 32548**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

59-3524915

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 C/O C. W. CLARY

22 City & State

27 Suite, Apt. #, etc.  
 P. O. BOX 778

28 City & State  
 SHALIMAR, FL.

23 Zip Country

29 Zip Country  
 32579 OKALOOSA

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

**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH 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

(NOT Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D**  
**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH FL 32548**

TITLE ☐ DELETE

**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH FL 32548**

TITLE ☐ DELETE

**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD**  
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TITLE ☐ DELETE

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**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH FL 32548**

TITLE ☐ DELETE

**GRIMSLEY, JAMES W**  
**25 WALTER MARTIN ROAD**  
**FORT WALTON BEACH FL 32548**

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

**PRESIDENT**  
**CHAS. W. CLARY**

2.3 STREET ADDRESS **8 OLD FERRY ROAD, SHALIMAR, FL. 32579**

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 a letter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)