

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0114198

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

99 SEP 27 AM 10:05

DOCUMENT # **P98000052946**

1. Corporation Name  
**EMERALD COAST EXTERIORS INC.**



Principal Place of Business  
**246 SHARON COURT  
 MARY ESTHER FL 32569**

Mailing Address  
**246 SHARON COURT  
 MARY ESTHER FL 32569**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**06/10/1998**

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

4. FEI Number

**59-3517-230**

Applied For

Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23. Zip

Country

28. Zip

Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation owes the current year Intangible Personal Property.

Yes  No

9. Name and Address of Current Registered Agent

**DRAKE, PATRICIA H  
 246 SHARON COURT  
 MARY ESTHER FL 32569**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE

1.1 TITLE  Change  Addition

NAME **RILEE, BRIAN K**  
 STREET ADDRESS **246 SHARON COURT**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE  DELETE

2.1 TITLE **400003006474-1**

NAME **DRAKE, PATRICIA H**  
 STREET ADDRESS **246 SHARON COURT**  
 CITY-ST-ZIP **MARY ESTHER FL 32569**

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

**-10/05/99-01117-007**  
**\*\*\*150.00 \*\*\*150.00**

TITLE  DELETE

3.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE  DELETE

4.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE

5.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

*Handwritten signature/initials*

TITLE  DELETE

6.1 TITLE  Change  Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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.

SIGNATURE:

*Handwritten signature: Patricia H. Drake*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9-22-99**  
 Date

**950-450-7411**  
 Division Phone #

CR2E034 (5/99)

EMERALD COAST EXTERIORS INC.

JULY 28, 1999

PLEASE CHANGE OUR ADDRESS IN YOUR RECORDS. WE DID NOT RECEIVE A NOTICE CONCERNING THE RENEWAL OF THE CORPORATION UNTIL RECENTLY. I FEEL THE CHANGE OF ADDRESS DID NOT GO THROUGH PROPERLY.

ENCLOSED IS A CHECK FOR \$ 150.00 PLEASE ALLOW THE CORPORATION TO RENEW FOR THIS IN THAT WE HAD NO NOTICE OF RENEWAL BEFORE NOW.

Thank you  
Patti Drabe

New Address:

684 Emerald Bay Dr  
DESTIN, FL 32541