

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**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90266 003 \*\*\*150.00

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DOCUMENT # P98000055649

1. Corporation Name

DESTINY REAL ESTATE SERVICES, INC.

Principal Place of Business

500 EAST KENNEDY BLVD. #200  
TAMPA FL 33602

Mailing Address

500 EAST KENNEDY BLVD. #200  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/22/1998

4. FEI Number

59-354543-8

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

2. Principal Place of Business

21 4612 PARADISE ISLES

2a. Mailing Address

26 4612 PARADISE ISLES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 DESTIN FL

City & State

28 DESTIN FL

Zip

24 32541

Country

25 USA

Zip

29 32541

Country

30 USA

9. Name and Address of Current Registered Agent

ROLAND, DOUGLAS C  
500 EAST KENNEDY BLVD. #200  
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

RONALD K. CARR

82 Street Address (P.O. Box Number is Not Acceptable)

4612 PARADISE ISLES

83

84 City

DESTIN

FL

85 Zip Code

32541

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

Ronald K. Carr

RONALD K. CARR

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 DOUGLAS C. ROLAND  
STREET ADDRESS 500 E. KENNEDY BOULEVARD, SUITE 200  
CITY-ST-ZIP TAMPA FL 33602

TITLE SECRETARY ☒ DELETE  
NAME KEITH W. BRICKLEYER  
STREET ADDRESS 500 E. KENNEDY BOULEVARD, SUITE 200  
CITY-ST-ZIP TAMPA FL 33602

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 PRESIDENT ☒ Change ☐ Addition  
1.2 NAME RONALD K. CARR  
1.3 STREET ADDRESS 4612 PARADISE ISLES  
1.4 CITY-ST-ZIP DESTIN FL 32541

2.1 TITLE SECRETARY ☒ Change ☐ Addition  
2.2 NAME DELLE L. CARR  
2.3 STREET ADDRESS 4612 PARADISE ISLES  
2.4 CITY-ST-ZIP DESTIN FL 32541

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:

Ronald K. Carr

Date

Daytime Phone #

1/26/99 850 654-9279

CR2E034 (11/98)