2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P98000058135

1. Entity Name

City & State

Zip

DESTIN INVESTORS, INC.



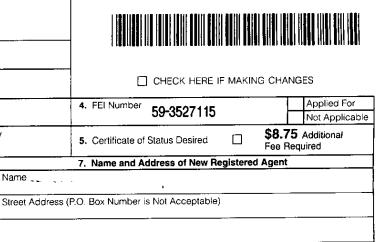
FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90111 021 ***150.00

DESTIN INVESTORS, INC.	The state of the s
Principal Place of Business 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN FL 32541	Mailing Address 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN FL 32541
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State

Zip



MCGILL, ROBERT E III 36008 EMERALD COAST PARKWAY SUITE 301 DESTIN FL 32541

Country

6. Name and Address of Current Registered Agent

я	. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acc	cept
	the obligations of registered agent.	

City

Country

3.972.22.91,7,977.71					
FILE NOW!!! FEE IS \$150.00					
After May 1, 2003, Fee will be \$550.00					

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing
Trust Fund Contribution.

DATE

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CANNON, SHANE 3847 INDIAN TRAIL DESTIN FL 32541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDS MCGILL, ROBERT E III 36008 EMERALD COAST PKWY, #301 DESTIN FL 32542	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE SIGNATURE AND TYPES OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

1/9/03 8

890-65/- / 3

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