

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).

PROFIT
CORPORATION
ANNUAL REPORT

1999



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

DOCUMENT # **P98000061522**

Corporation Name
EMERALD PARK ENTERPRISES, INC.

FILED
Sep 10, 1999 8:00 am
Secretary of State

09-10-1999 90013 024 ***550.00



Principal Place of Business
**GRAND HERON DR.
PANAMA CITY BEACH FL 32407**

Mailing Address
**128 GRAND HERON DR.
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-3539255	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent TAYLOR, JOHN W 128 GRAND HERON DR. PANAMA CITY BEACH FL 32407				10. Name and Address of New Registered Agent	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				85 Zip Code	

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. NAME TAYLOR, JOHN W		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. ADDRESS 128 GRAND HERON DR.		1.2 NAME			
3. CITY-STATE-ZIP PANAMA CITY BEACH FL 32407		1.3 STREET ADDRESS			
		1.4 CITY-STATE-ZIP			
4. NAME		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5. ADDRESS		2.2 NAME			
6. CITY-STATE-ZIP		2.3 STREET ADDRESS			
		2.4 CITY-STATE-ZIP			
7. NAME		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. ADDRESS		3.2 NAME			
9. CITY-STATE-ZIP		3.3 STREET ADDRESS			
		3.4 CITY-STATE-ZIP			
10. NAME		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. ADDRESS		4.2 NAME			
12. CITY-STATE-ZIP		4.3 STREET ADDRESS			
		4.4 CITY-STATE-ZIP			
13. NAME		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. ADDRESS		5.2 NAME			
15. CITY-STATE-ZIP		5.3 STREET ADDRESS			
		5.4 CITY-STATE-ZIP			
16. NAME		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. ADDRESS		6.2 NAME			
18. CITY-STATE-ZIP		6.3 STREET ADDRESS			
		6.4 CITY-STATE-ZIP			

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: **SIGNATURE REQUIRED** 9.6.99 850 230-0960

CR2E034 (5/99)