

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90026 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000064023

1. Corporation Name  
**BLUEPRINTS OF DESTIN, INC.**



Principal Place of Business <b>225 MAIN STREET STE 4 DESTIN FL 32541</b>	Mailing Address <b>225 MAIN STREET STE 4 DESTIN FL 32541</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/20/1998**

2. Principal Place of Business 21 <b>Blueprints of Destin, Inc.</b>	2a. Mailing Address 26 <b>225 Main St.</b>
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4. FEI Number <b>59-3524028</b>	Applied For <input type="checkbox"/> Not Applicable
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22 Suite, Apt. #, etc. <b>Ste 4</b>	27 Suite, Apt. #, etc.
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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23 City & State <b>Destin, Fl.</b>	28 City & State
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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24 Zip <b>32541</b>	25 Country <b>Okaloosa</b>	29 Zip	30 Country
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8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BACON, ROBERT S  
225 MAIN STREET STE 4  
DESTIN FL 32541**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BACON, JENNIFER S</b>
STREET ADDRESS	<b>225 MAIN STREET STE 4</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BACON, ROBERT S</b>
STREET ADDRESS	<b>225 MAIN STREET STE 4</b>
CITY-ST-ZIP	<b>DESTIN FL 32541</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jennifer S Bacon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/99** **850-837-1264**  
Date Daytime Phone #

CR2E034 (11/98)