Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90033 008 ***150.00

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**

DOCUMENT # P98000080111

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TILE

NAME

TITLE

NAME

SKIPJAC	K OF DESTIN, INC.								
Principal Place of Business Mailing Address									
326 HOLLY STREET 328 HOLLY STREET									
DESTIN FL 32541 DESTIN FL 32541							DO NOT WRITE IN THE PRACE		
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 09/11/1998	<u> </u>	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number 59-3547600 Appl	ied For	
21			26				09-304 1600 Not	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			n	5. Certifcate of Status Desired Fee Req		
City & State			City & State				6. Election Campaign Financing \$5.00 May Be		
23	• •	28	—				Trust Fund Contribution Added to Fees		
Zip				Cour	itry		8. This corporation owes the current year Intangible	_	
24	25 29			30			Personal Property Tax.	No	
	9. Name and Address of Current		stered Agent	1			10. Name and Address of New Registered Agent		
PATZIG, DEBORAH A 326 HOLLY STREET						reet Addre	ess (P.O. Box Number is Not Acceptable)		
DESTIN FL 32541					83				
J	1111 1 2 32341				83				
					84 Ci	•	FL 85 Zip Co		
11. Pursuant office or ragent. I a	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 6 f Florid ons of	07.1508, Florida Statute da. Such change was au , Section 607.0505, Flori	es, the ab uthorized ida Statu	ove-na by the tes.	med corpo corporatio	oration submits this statement for the purpose of changing its run's board of directors. I hereby accept the appointment as regi	egistered stered	
SIGNATURE									
	Signature, typed or printed name of registered agent a				\gent sign	ature required	d when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	C IN 12	
12. OFFICERS AND DIRECTORS 13						170		Addition	
TITLE			☐ DELETE	1,1 TIII		1	Res B. PATZIG Change	Myognon	
NAME				1.2 NA		J	AMES 5. The ST.		
STREET ADDRESS				1.3 STI	REET ADD	RESS 2	Description of the same		
CITY-ST-ZIP			-		Y-ST-ZIP		DESTIN, FL. 32541	-1	
TITLE			☐ DELETE	2.1 TIT	Æ		DEBORAH A. PATZIG	Addition	
NAME				2.2 NA	ME				
STREET ADDRESS				2.3 STF	REET ADD		326 HOLLY ST		
CITY-ST-ZIP				2. 4 CT	Y-ST-ZIF	7	DESTIN, FL 32541		
TITLE	·	-	☐ DELETE	3.1 ∏∏	Æ		☐ Change	☐ Addition	
NAME .				3.2 NA	WE _	_			
STREET ADDRESS		-		3.3 ST	EET ADD	RESS	•		
CITY-ST-ZIP				3.4. CI	Y-ST-ZIP	<u> </u>			
TILE			☐ DELETE	4.1 TIT	Æ		☐ Change	☐ Addition	
MARIE				4.2 NA	ME			;	

CITY-ST-ZIP 14. 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.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE: Deboral M. Pata

☐ DELETE

☐ DELETE

Change

☐ Change

Addition

☐ Addition