

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000085581

1. Entity Name

WALTON SHORES, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90388 041 ***150.00

Principal Place of Business

Mailing Address

119 SPIRES LANE
SANTA ROSA BEACH FL 32459

119 SPIRES LANE
SANTA ROSA BEACH FL 32459-4375

2. Principal Place of Business

40001 Emerald Coast Pkwy
Suite, Apt. #, etc.

3. Mailing Address

40001 Emerald Coast Pkwy
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Destin, FL

City & State

Destin, FL

4. FEI Number

59-3536796

Applied For

Not Applicable

Zip

32541

Country

U.S.

Zip

32541

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JOHN W
607 HIGHWAY 98 EAST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	JOHNSON, EDWARD	307 OSCELO CRT	NICEVILLE FL 32578	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D/P	W. Michael Adkinson	502 Greenway Cove	Niceville, FL 32578	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/T	Wayne Adkinson	29874 U.S. Hwy 331 South	Freeport, FL 32439	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP/S	Chad Adkinson	334-B Calhoun Avenue	Destin, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. Michael Adkinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

856) 654-7211

Daytime Phone #

CR2E034 (9/99)