

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90093 020 ***150.00

DOCUMENT # P98000088065

1. Corporation Name
EBB TIDE COTTAGES, INC.

Principal Place of Business
8815-A THOMAS DRIVE
PANAMA CITY BEACH FL 32408

Mailing Address
8815-A THOMAS DRIVE
PANAMA CITY BEACH FL 32408

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1998

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 7522 Front Beach Rd.

26 P. O. Box 18439

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Panama City Beach, FL

28 Panama City Beach, FL

Zip

Country

Zip

Country

24 32407

25 U.S.

29 32417

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARRISON, SYLVIA
8815-A THOMAS DRIVE
PANAMA CITY BEACH FL 32408

81 Name Derrick Bennett, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
112 East Third Court

83

84 City Panama City

FL

85 Zip Code
32401

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME HARRISON, SYLVIA
STREET ADDRESS POST OFFICE BOX 9456 N/A
CITY-ST-ZIP PANAMA CITY FL 32417

1.1 TITLE D/P ☐ Change ☒ Addition
1.2 NAME Ronnie Gilley
1.3 STREET ADDRESS 7522 Front Beach Road
1.4 CITY-ST-ZIP Panama City Beach, FL 32407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE D/V ☐ Change ☒ Addition
2.2 NAME Terry DuBose
2.3 STREET ADDRESS 7522 Front Beach Road
2.4 CITY-ST-ZIP Panama City Beach, FL 32407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE D/T ☐ Change ☒ Addition
3.2 NAME Anthony DuBose
3.3 STREET ADDRESS 7522 Front Beach Road
3.4 CITY-ST-ZIP Panama City Beach, FL 32407

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE D/S ☒ Change ☐ Addition
4.2 NAME Sylvia Harrison
4.3 STREET ADDRESS P. O. Box 9456
4.4 CITY-ST-ZIP Panama City Beach, FL 32417

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

CR2E034 (11/98)

0057543