

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

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

04-23-1999 90093 020 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
 1999



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

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

2. Principal Place of Business
 21 **7522 Front Beach Rd.**

2a. Mailing Address
 26 **P. O. Box 18439**

4. FEI Number Applied For
 Not Applicable

22 Suite, Apt. #, etc.
 27 Suite, Apt. #, etc.

23 City & State
Panama City Beach, FL

28 City & State
Panama City Beach, FL

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 Zip **32407** 25 Country **U.S.**

29 Zip **32417** 30 Country **U.S.**

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	HARRISON, SYLVIA	
STREET ADDRESS	POST OFFICE BOX 9456 N/A	
CITY-ST-ZIP	PANAMA CITY FL 32417	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D/P		
1.2 NAME	Ronnie Gilley		
1.3 STREET ADDRESS	7522 Front Beach Road		
1.4 CITY-ST-ZIP	Panama City Beach, FL 32407		
2.1 TITLE	D/V		
2.2 NAME	Terry DuBose		
2.3 STREET ADDRESS	7522 Front Beach Road		
2.4 CITY-ST-ZIP	Panama City Beach, FL 32407		
3.1 TITLE	D/T		
3.2 NAME	Anthony DuBose		
3.3 STREET ADDRESS	7522 Front Beach Road		
3.4 CITY-ST-ZIP	Panama City Beach, FL 32407		
4.1 TITLE	D/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Sylvia Harrison		
4.3 STREET ADDRESS	P. O. Box 9456		
4.4 CITY-ST-ZIP	Panama City Beach, FL 32417		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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: _____ DATE: **4-16-99** DAYTIME PHONE #: _____
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)