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 # P98000106831

DESTIN HARBOR TRADING COMPANY

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90046 010 ***158.75



			<u>.</u>		88110 B1101 18184 I	
Principal Plac	ce of Business	Mailing Address		1		
288-A HIGHWAY		288-A HIGHWAY 98 EAST		•		
DESTIN FL 32541 DESTIN FL 32541				DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualifed		
				12/28/1998		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	- Ap	plied For
21 299 1	HIGHWAY 98 EAST		HY98 EAS	T 59.354.6924	No	t Applicable
Suite, Apt.	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Suite, Apt. #, etc.			\$8.75	dditional
22		27		5. Certificate of Status Desired	Fee Re	quired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23 DES	TIN FLORIDA	28 DESTIN F	LORIDA	Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country	8. This corporation owes the current year I		₩.
24 32 5	541 25 USA	29 32541 30	USA	Personal Property Tax.	□Yes	No
	9. Name and Address of Curren	nt Registered Agent	941	10. Name and Address of New Registere	d Agent	
LIAOI	ETT JOHN B		81 Name	TONN B. HASLETT		
	LETT, JOHN B		82 Street Address (P.O. Box Number is Not Acceptable)			
	A HIGHWAY 98 EAST FIN FL 32541			299 NIGHWAY 98	EAST	
DE21	IIIV FL 32341		83			
			84 City	\c1	85 <u>Z</u> ip (Code
			1	DESTIN F		<u> 1751</u>
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was auth	orized by the corpor	orporation submits this statement for the purpose ration's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE						
	Signature, typed or printed name of registered ages		egistered Agent signature rec		ND DIDECTO	DO IN 42
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	U SUPER TOURS B	☐ DELETE		PRESIDENT	Change	T Vocation
NAME	HASLETT, JOHN B		1.2 NAME	JOHN B HASLETT	_	
STREET ADDRESS	438 RIDGEWOOD CIRCLE			2 COUNTRY CLUB DRIVE		
CITY-ST-ZIP	DESTIN FL 32541	Clear	1.4 CITY-ST-ZIP	DESTIN FL 32541	Change	☐ Addition
TITLE	U	☐ DELETE	2.1 TITLE	SECRETARY/TESASURER	Change	
NAME	HASLETT, KIMBERLY J			Kimberly J. HASLETT	16	
STREET ADDRESS	438 RIDGEWOOD CIRCLE			2 COUNTRY CLUB DELL	رح	
CITY-ST-ZIP	DESTIN FL 32541		Q	DESTIN FL 32541	Change	Addition
TITLE	\	DELETE	3.1 TITLE		Change	☐ vaganon
NAME			3.2 NAME			
STREET ADDRESS	5		3.3 STREET ADORESS	-		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		F7.65	
TITLE		☐ DELETE	4.1 TITLE	•	Change	☐ Addition
NAME		□ DELETE				
STREET ADDRESS		□ DELETE	4. 2 NAME			
CITY-ST-ZIP	S	□ pereie	4. 2 NAME 4.3 STREET ADDRESS	•		
	S.	_				
TITLE	s	DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	☐ Addition
	s	_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change	Addition
TITLE		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change	☐ Addition
TITLE NAME		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		Change .	
TITLE NAME STREET ADDRESS		_	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	5	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	5	☐ DELETE	4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME		·	

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: