FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S04349** **(4)**

1. Corporation Name

EMERALD COAST CONSTRUCTION INC.

Principal Place of Business	Mailing Address
~~P O BOX 5382~~ ~~P O BOX 3891~~ ~~NAVARRE FL 32566~~	~~P O BOX 5382~~ ~~NAVARRE FL 32566~~ US

2. Principal Place of Business
21: 3601 George Lane
22: Suite, Apt. #, etc.
23: Navarre, FL
24: Zip 32566
25: Country USA

2a. Mailing Address
26: P.O. Box 5397
27: Suite, Apt. #, etc.
28: Navarre, FL 32566
29: Zip 32566
30: Country USA

3. Date Incorporated or Qualified: 09/19/1990

3a. Date of Last Report: 04/28/1995

4. FEI Number: 59-3035650 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILLS, CAREY
~~8453 NAVARRE PARKWAY~~
SUITE 303
~~NAVARRE FL 32566~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 4751 Persimmon Hollow Rd

83

84 City: Milton FL 85 Zip Code: 32583

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MILLS, CAREY		1.2 NAME	
STREET ADDRESS	8453 NAVARRE PKWY		1.3 STREET ADDRESS	4751 Persimmon Hollow Rd
CITY-ST-ZIP	NAVARRE FL		1.4 CITY-ST-ZIP	Milton, FL 32583
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, OCIE		2.2 NAME	
STREET ADDRESS	3601 GEORGE LN		2.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, CAREY		3.2 NAME	
STREET ADDRESS	8453 NAVARRE PKWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MILLS, BETSY		4.2 NAME	
STREET ADDRESS	3601 GEORGE LN		4.3 STREET ADDRESS	900001842959
CITY-ST-ZIP	NAVARRE FL		4.4 CITY-ST-ZIP	05/29/96--01099--027
TITLE		☐ DELETE	5.1 TITLE	***208.95 ☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

5/1,V

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ocie Mills Ocie Mills
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (12/95)