FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
3601 GEORGE LANE
NAVARRE FL 32566

Mailing Address
~~P O BOX 5207~~
~~NAVARRE FL 32566-0397~~
US

3. Date Incorporated or Qualified: 09/19/1990
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip | Country
24 | 25

2a. Mailing Address
26 3601 George Lane
Suite, Apt. #, etc.
27
City & State
28 Navarre, FL
Zip | Country
29 32566 | 30

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~~
~~4751 PERSIMMON HOLLOW RD.~~
~~MILTON FL 32583~~

10. Name and Address of New Registered Agent
81 Name: OCIE C. MILLS
82 Street Address (P.O. Box Number is Not Acceptable): 3601 GEORGE LANE
83
84 City: NAVARRE FL 85 Zip Code: 32566

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: Ocie C. Mills (NOTE: Registered Agent signature required when reinstating) DATE: 3/21/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	VP
NAME	MILLS, CAREY	1.2 NAME	MILLS, CAREY C.
STREET ADDRESS	4751 PERSIMMON HOLLOW RD.	1.3 STREET ADDRESS	3605 GEORGE LANE
CITY-ST-ZIP	MILTON FL 32583	1.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	P	2.1 TITLE	P
NAME	MILLS, OCIE	2.2 NAME	MILLS, OCIE C.
STREET ADDRESS	3601 GEORGE LN	2.3 STREET ADDRESS	3601 GEORGE LANE
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	S	3.1 TITLE	S
NAME	MILLS, CAREY	3.2 NAME	WEEKS, JULIE
STREET ADDRESS	8453 NAVARRE PKWY	3.3 STREET ADDRESS	3601 GEORGE LANE
CITY-ST-ZIP	NAVARRE FL	3.4 CITY-ST-ZIP	NAVARRE, FL 32566
TITLE	T	4.1 TITLE	
NAME	MILLS, BETSY	4.2 NAME	
STREET ADDRESS	3601 GEORGE LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAVARRE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

	DELETE	Change	Addition
1	☐	☒	☐
P	☐	☐	☒
S	☒	☒	☐
T	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

CR2E034 (9/96)

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.

SIGNATURE: Ocie C. Mills 3/21/97 904/932-4078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0490401