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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 04 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business

4129 DANNY DRIVE

DOCUMENT # S69033

(6)

Mailing Address

4129 DANNY DRIVE

EMERALD COAST MANAGEMENT, INC.

PANAMA CITY FL 32408 US		PANAMA CITY FL 32408-6108 US						
					3. Date Incorporated or Qualified 07/17/1991	of Last Repor	t	
2. Principal Place of Bus n	2a. Mailing Address			4. FEI Number		Applied	d For	
21		26			59-3080579			plicable
Suite, Apt. #. etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> Addit	
22]		City & State					Fee Require	
City & State		28			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Added to Fe	
Zip	Country	Zip		Country	8. This corporation has liability for in		under s. 199	
<sub>1</sub>	25	29	30	···· <b>,</b>			Funders, 199 No	7.032,
	and Address of Current I		1001		10. Name and Address of New Reg			
PEAVY, JACK D				81 Name				
4129 DANNY DRIVE				62 Street Ad	dress (P.O. Box Number is Not Acceptab	<u>ام</u> ا		
PANAMA CITY BEACH FL 32408				OF OFFICE AC	dalgood (+,O, Dox Hollino) to Hot Accoptato	107		1
63								
				84 City	<del> </del>		85 Zip Code	
				City		FL. [	2 p Code	,
11. Pursuant to the provisi	ons of Sections 607.0502	and 607.1508, Florida Statut	tes, th	e above-named co	orporation submits this statement for the pration's board of directors. I hereby accep	urpose of ch	anging its rec	gistered
agent. Lam familiar w	th, and accept the obligation	ons of, Section 607.0505, Fk	orida	Statutes.	ation's board of directors, Thereby accep	tine appoin	litient as regi	Sieled
SIGNATURE								
	or printed name of registered agent.			stered Agent signature red	quired when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE	IDECTORS IN	1.50
nite PVD	OFFICERS AND	DELETE		13. L1 TOTLE	ADDITIONS/CHANGES TO OFFICE			Addition
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	NNY DRIVE			.3 STREET ADDRESS				
	CITY FL 32408			4 CITY-ST-ZIP				
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STREET ADDRESS			2	3 STREET ADDRESS				
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City - St - ZiP	E112.1. 1 Marco 1 - 1 Marco 1 - 1 Marco 1 Marc	☐ DELETE	_	5.4 CITY - ST - ZIP		<del></del>	Change	Addition
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NAME MANE				S.2 NAME				
STREET ADDRESS				5.3 STREET ADDRESS				ł
Crty-St-ZiP ertify that	t the information supplied	with this filing does not quali		the exemption sta	ted in Section 119.07(3)(i), Florida Statutes	s. I further co	ertify 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 exequte this report as required by Chapter 607, Florida Statutes; and that my name