

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

FILED  
Mar 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S70823 (7)**  
1. Corporation Name  
**SADDLEBROOK DOWNS OF SANTA ROSA BEACH, INC.**



Principal Place of Business <b>303 COUNTRY CLUB ROAD SHALIMAR FL 32579</b>	Mailing Address <b>P.O. BOX 1229 SANTA ROSA BEACH FL 32459</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>692 HIGHWAY 98 E</b>		2a. Mailing Address <b>POST OFFICE BOX 1610</b>		3. Date Incorporated or Qualified <b>08/05/1991</b>	
21. Suite, Apt. #, etc. <b>#107</b>	26. Suite, Apt. #, etc.	4. FEI Number <b>59-3095999</b>		Applied For <input type="checkbox"/> Not Applicable	
22. City & State <b>DESTIN FL</b>	27. City & State <b>SANTA ROSA BEACH FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip <b>32541</b>	28. Zip <b>32459</b>	25. Country <b>USA</b>		29. Country <b>USA</b>	
24. Zip <b>32541</b>		25. Country <b>USA</b>		30. Country <b>USA</b>	

9. Name and Address of Current Registered Agent <b>JONES, J.M. 303 COUNTRY CLUB ROAD SHALIMAR FL 32579</b>				10. Name and Address of New Registered Agent			
81. Name <b>J M JONES</b>				82. Street Address (P.O. Box Number is Not Acceptable) <b>692 HIGHWAY 98 E</b>			
83. Suite, Apt. #, etc. <b>#107</b>				84. City <b>DESTIN</b>			
85. State <b>FL</b>				86. Zip <b>32541</b>			

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.

**J M JONES, PRESIDENT**

**3/17/98**

SIGNATURE \_\_\_\_\_ (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>JONES, J. MICHAEL</b>			1.2 NAME	<b>JUSTIN M JONES</b>		
STREET ADDRESS	<b>201 HIGHLAND AVE</b>			1.3 STREET ADDRESS	<b>336 HILLTOP DRIVE</b>		
CITY-ST-ZIP	<b>SANTA ROSA BCH FL 32459</b>			1.4 CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>		
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JONES, SANDRA R</b>			2.2 NAME			
STREET ADDRESS	<b>201 HIGHLAND AVENUE</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE \_\_\_\_\_ **J M JONES, PRESIDENT 3/17/98 850-654-5495**

CR2E034 (10/97)