FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JAN 27 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S85036** **(9)**

1. Corporation Name
SANDESTIN REAL ESTATE, INC.

Principal Place of Business	Mailing Address
5500 HIGHWAY 98 EAST EMERALD COAST PARKWAY DESTIN FL 32541-4199	5500 HIGHWAY 98 EAST EMERALD COAST PARKWAY DESTIN FL 32541-4199

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1991
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business
21: 9300 Highway 98
22: Suite, Apt. #, etc.
23: City & State: Destin, Florida
24: Zip: 32541
25: Country: USA

2a. Mailing Address
26: 9300 Highway 98
27: Suite, Apt. #, etc.
28: City & State: Destin, Florida
29: Zip: 32541
30: Country: USA

4. FEI Number: 59-3085811 ☐ 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

RESTER, JAMES M
5500 HIGHWAY 98 EAST
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name: Rester, James M.
82 Street Address (P.O. Box Number is Not Acceptable): 9300 Highway 98
83:
84 City: Destin **FL** 85 Zip Code: 32541

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	RESTER, JAMES M	1.2 NAME	Rester, James M.	
STREET ADDRESS	5500 HWY 98 EAST	1.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	ODEN, BARRY K	2.2 NAME	Oden, Barry K.	
STREET ADDRESS	5500 HWY 98 EAST	2.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE	VT	3.1 TITLE	V/T	☒ Change ☐ Addition
NAME	ASKEW, VANCE F	3.2 NAME	Askew, Vance F.	
STREET ADDRESS	5500 HWY 98 EAST	3.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE	VS	4.1 TITLE	V/S	☒ Change ☐ Addition
NAME	LIEW, ALVIN	4.2 NAME	Liew, Alvin	
STREET ADDRESS	5500 HWY. 98 EAST	4.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	4.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE	VAS	5.1 TITLE	V/AS	☒ Change ☐ Addition
NAME	PATTON, THOMAS S	5.2 NAME	Patton, Thomas S.	
STREET ADDRESS	5500 HWY 98 EAST	5.3 STREET ADDRESS	9300 Highway 98	
CITY-ST-ZIP	DESTIN FL	5.4 CITY-ST-ZIP	Destin, Florida 32541	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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 added to the document with an address.

SIGNATURE: James M. Rester, President 1/24/95 904/267-8111
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0307703 CP