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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S86511** (0)

1. Corporation Name

LEGENDARY, INC.



Principal Place of Business

**385 HWY 98 EAST, STE 60
DESTIN FL 32541**

Mailing Address

**385 HWY 98 EAST, STE 60
DESTIN FL 32541**

3. Date Incorporated or Qualified

10/09/1991

3a. Date of Last Report

04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**F & L CORP.
200 LAURA ST.
THE GREENLEAF BLDG.
JACKSONVILLE FL 32202**

81 Name

Mitchell W. Legler

82 Street Address (P.O. Box Number is Not Acceptable)

One Independent Dr.

83

Suite 3104

84 City

Jacksonville

FL

85 Zip Code

32202

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

Mitchell W. Legler

4/12/96

(Signature, typed or printed name of registered agent is not applicable)

(NOTE: Registered Agent's signature is required when re-registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PT BOS, PETER H.**
STREET ADDRESS **385 HWY 98 E, STE 60**
CITY-ST-ZIP **DESTIN FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **V EMPSON, DANIEL**
STREET ADDRESS **385 HWY 98 E, STE 60**
CITY-ST-ZIP **DESTIN FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S CLAUSON, GREG**
STREET ADDRESS **385 HWY 98 E, STE 60**
CITY-ST-ZIP **DESTIN FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **S PARKER, WENDY L.**
STREET ADDRESS **385 HWY 98 E, STE 60**
CITY-ST-ZIP **DESTIN FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)(k), 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:

(Signature, typed or printed name of signing officer or director)

Peter H. Bos

4/12/96

(904) 654-6500

(Date)

(Business Phone #)

CR2E034 (12/95)