

5-2-97 B-6646 -C

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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 32541-2351**

**FILED**  
**May 02 1997 8:00am**  
**Secretary of State**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/09/1991</b>		3a. Date of Last Report <b>04/18/1996</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-3086417</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		29. Country		30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**MITCHELL W. LEGLER  
ONE INDEPENT DR.  
SUITE 3104  
JACKSONVILLE FL 32203**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

**FL**

85. Zip Code

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	<b>PT</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOS, PETER H.</b>	1.2 NAME	<b>BOS, PETER H</b>
STREET ADDRESS	<b>385 HWY 98 E, STE 60</b>	1.3 STREET ADDRESS	<b>385 HWY 98, STE 60</b>
CITY-ST-ZIP	<b>DESTIN FL</b>	1.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EMPSON, DANIEL</b>	2.2 NAME	
STREET ADDRESS	<b>385 HWY 98 E, STE 60</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>VT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLAUSON, GREG</b>	3.2 NAME	<b>CLAUSON, GREG</b>
STREET ADDRESS	<b>385 HWY 98 E, STE 60</b>	3.3 STREET ADDRESS	<b>385 HWY 98, STE 60</b>
CITY-ST-ZIP	<b>DESTIN FL</b>	3.4 CITY-ST-ZIP	<b>DESTIN, FL 32541</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKER, WENDY L.</b>	4.2 NAME	
STREET ADDRESS	<b>385 HWY 98 E, STE 60</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DESTIN FL</b>	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 do 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:

*Peter H. Bos* / **Peter H. Bos**

4/14/97

904-654-6500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)