

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90049 035 ***150.00

DOCUMENT # S86511

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/09/1991

4. FEI Number
59-3086417

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 MITCHELL W. LEGLER
82 Street Address (P.O. Box Number is Not Acceptable)
300A Wharfside Way
83
84 City Jacksonville FL 85 Zip Code 32207

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 3/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	BOS, PETER H.	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	EMPSON, DANIEL	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	CLAUSON, GREG	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARKER, WENDY L.	
STREET ADDRESS	385 HWY 98 E, STE 60	
CITY-ST-ZIP	DESTIN FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LORENZEN, D C	
STREET ADDRESS	385 HWY 98E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURKE, G	
STREET ADDRESS	385 HWY 98E, STE 60	
CITY-ST-ZIP	DESTIN FL 32541	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BUSFIELD, DAVID A.	
1.3 STREET ADDRESS	385 Hwy 98E, Ste 60	
1.4 CITY-ST-ZIP	Destin, FL 32541	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CLAUSON, GREG	
2.3 STREET ADDRESS	385 Hwy 98E, Ste 60	
2.4 CITY-ST-ZIP	Destin, FL 32541	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Peter H. Bos 4/9/99 850-654-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)