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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # \$88173

RILEE CONSTRUCTION OF DESTIN, INC. Mailing Address Principal Place of Business 122 AZALEA DR P O BOX 5404 **DESTIN FL 32540-5404** DESTIN FL 32541 3a. Date of Last Report 3. Date Incorporated or Qualified 10/18/1991 04/16/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 150 AZALEA DRIVE 59-3086991 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired BA Fee Required 22 27 City & State City 8_State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Ζıp Country This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PETERMANN, RICHARD P. 25 WALTER MARTIN ROAD R2 Street Address (P.O. Box Number is Not Acceptable) FORT WALTON BEACH FL 32548 83 84 City 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, typical or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) DELETE Change Addition 1.1 TITLE THEF RILEE, JOHN K NGM 1.2 NAME 3802 INDIGO CIR STREET ADDRESS 1.3 STREET ADDRESS DESTIN FL CHY-SI 1.4 CITY - ST - ZIP DELETE Change Addition 7016 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS 2 4 CITY-ST-ZIP OTY ST ZP DELETE Addition 3 1 TiTLE ☐ Change TILL 3.2 NAME NAME 3.3 STREET ADDRESS STREET ATTEMPTS CITY: ST. ZIF 3.4. CITY - ST - ZIP DELETE Change 4.1 TITLE ☐ Addition TITLE 4. 2 NAME NAM 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP COLY ST-202 DELETE Change Addition TIBLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS **53 STREET ADDRESS** CITAL ST. 70% 5 4 CITY-ST-ZIP DELETE Addition Change HILE 6.1 TITLE NAME 6.2 NAME **6.3 STREET ADDRESS** STREET ADDRESS City-St ZiP 6.4 CITY - ST - ZIP

SIGNATURE:

appears in Block 12 or Block 13 if change

AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information supplied with this filling does not qualify information indicated on this annual report or supplemental angual report is an an officer or director of the corporation of the occiver it trusted errower.

lip or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the due and accurate and that my signature shall have the same legal effect as if made under oath; that wered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 21 1997 8:00am

Secretary of State