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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S88173 (7)

RILEE CONSTRUCTION OF DESTIN, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address													IIII DIQIC DIQII	ASTIN BIRIN BIR		
	SO AZALEA D				P O BOX											
STE 8A DE: Destin Fl 32541						DESTIN FL 32540					DO NOT WRITE IN THIS SPACE					
US US										-	3. Date Incorporated or Qualified					
												10/18/1991				
2.	Principal Pi	ace of Busin	ness	2a. Mailing Address							El Number	****	Aj	pplied For		
21			26							59-3086991		No	ot Applicable			
	Suite, Apt.	#, e lc.	Suite, Apt. #, etc.						5 . C	Certificate of Status Desired		·	Additional			
22	City & State			City & State					-+	• •				equired		
23	City & State	,	28					l		Election Campaign Financing Trust Fund Contribution			May Be to Fees			
2.3	Zip	Country			Zip Country					8. This corporation owes or has paid the current year Intangible						
24			25	Ī	29		30					Personal Property Tax due Jun			□Ño	
	9. Name and Address of Current Registered Agent										10. P	Name and Address of New P	egistered .	Agent		
PETERMANN, RICHARD P.								81	Name							
25 WALTER MARTIN ROAD								62	Street A	Addres	s (P.C	O. Box Number is Not Accepta	able)			
FORT WALTON BEACH FL 32548																
								83								
l								84	City				FL	85 Zip	Code	
11	. Pursuant t	ions of Section	ns 607.0502 ar	nd 607.1508	. Florida Statut	L.J.	named i	corpor	ation	submits this statement for the	DIMOOSE O	t changing i	ts registered			
''	office or re	e diste red ad	ient, or both, i	n the State of f at the obligation	Iorida, Such	i change was i	authorize	d by	the corp	oration	n's bo	oard of directors. I hereby acc	ept the app	ointment as	registered	
61	GNATURE	iii iaiiiiiii w	iii, and ticcep	a tric obligition	15 0., 00.000	11007.0000,11	onda ota	ioioc								
31		Signature, typed	or printed transe of	registered agent an	d the if applicable	le (NO	d Ago	nt signature (required			DATE				
12		<u> </u>	OFF	ICERS AND D	IRECTORS	DELETE	13.		····	6	ΑŪ	DDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR Change	AS IN 12	
TIT	- 1	SHIFE I	ини к			DELETE	1.1 7		.	$\mathcal{B}^{\mathcal{F}}$	00	Jank		LA Change	Addition	
	AAME RILEE, JOHN K 3802 INDIGO CIR			1.2 NAM			-	*DDDECC	1/10	ر يات	Calban Ave					
	C-ST-ZIP DESTIN FL							1.3 STREET ADDRESS 2. 1.4 CITY-ST-ZIP 2		2	5) / (S	Calhaun Ave in, FC 32541				
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CIT	Y-ST-ZIP						6.4 C	11Y-S	1-211							

14. Thereby 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 a trustor empowered to recurrent as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attainent with an address.