

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:46

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S99210 (4)

1. Corporation Name

GRAND STRAND REALTY, INC.

Principal Place of Business

**8083 NAVARRE PKWY
NAVARRE FL 32568
US**

Mailing Address

**8083 NAVARRE PKWY
NAVARRE FL 32568
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/09/1991

3a. Date of Last Report

02/17/1994

4. FEI Number

59-3100010

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

**8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes**

☐

☐

Yes No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, EUBY
6880 TOM KING BAYOU ROAD
NAVARRE FL 32568**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**PVST
EVANS, BOB
8473 NAVARRE PKWY
NAVARRE FL**

**1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**D
GUTHRIE, M. ELAINE
328 KATHLEEN PL
FT WALTON BEACH FL**

**2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**D
BOYES, JOAN
6803 GORDON EVANS RD.
NAVARRE FL**

**3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

☒ Change ☐ Addition

DELETE AS OFFICER

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**D
FALLS, DEANNA
3470 ROTHSCHILD DR
PENSACOLA FL**

**4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

☐ Change ☐ Addition

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)(b), 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:

BOB EVANS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-95
Date

Optional Filing #