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

DOCUMENT # V20530

1. Corporation Name
HARBOR WALK COMMERCIAL, INC.

Principal Place of Business	Mailing Address
385 HIGHWAY 98 EAST SUITE 60 DESTIN FL 32541	385 HIGHWAY 98 EAST SUITE 60 DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/09/1992

2. Principal Place of Business		2a. Mailing Address		4. FEI Number **59-3110939**	Applied For
21		26			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Desired ☐	**$8.75** Additional Fee Required
22		27			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
23		28			
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	☒ Yes ☐ No
24	25	29	30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MITCHELL W. LEGLER ONE INDEPENDENT DR. SUITE 3104 JACKSONVILLE FL 32202	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 _(signature)_   Mitchell W. Legler   DATE 5/3/99

Signature, typed 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		
TITLE DP NAME BOS, PETER H. STREET ADDRESS 385 HWY 98 E, STE 60 CITY-ST-ZIP DESTIN FL 32541	☐ DELETE	1.1 TITLE V/T 1.2 NAME BUSFIELD, DAVID A. 1.3 STREET ADDRESS 385 Hwy 98E, Ste 60 1.4 CITY-ST-ZIP Destin, FL 32541	☐ Change ☒ Addition	
TITLE TV NAME CLAUSON, GREG D STREET ADDRESS 385 HWY 98 E, STE 60 CITY-ST-ZIP DESTIN FL 32541	☐ DELETE	2.1 TITLE V 2.2 NAME CLAUSON, GREG 2.3 STREET ADDRESS 385 Hwy 98E, Ste 60 2.4 CITY-ST-ZIP Destin, FL 32541	☒ Change ☐ Addition	
TITLE S NAME PARKER, WENDY STREET ADDRESS 385 HIGHWAY 98 EAST CITY-ST-ZIP DESTIN FL	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE V NAME LORENZEN, DWIGHT C STREET ADDRESS 385 HWY 98 E, STE 60 CITY-ST-ZIP DESTIN FL 32541	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE S NAME BURKE, GAIL STREET ADDRESS 385 HWY 98 E, STE 60 CITY-ST-ZIP DESTIN FL 32541	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

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: _(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)