

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
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90027 027 ***150.00

DOCUMENT # V35309

1. Corporation Name

EMERALD COAST EMPLOYMENT SERVICES, INC.



Principal Place of Business

98 E MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

Mailing Address

98 E MIRACLE STRIP PKWY
FT WALTON BEACH FL 32548

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1992

4. FEI Number

59-3123816

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

21 103 NW Hollywood Blvd
Suite, Apt. #, etc.

22 #A
City & State

23 Fort Walton Bch. FL
Zip Country

24 32548 25

2a. Mailing Address

27 103 NW Hollywood Blvd
Suite, Apt. #, etc.

28 #A
City & State

29 Fort Walton Bch. FL
Zip Country

30 32548

9. Name and Address of Current Registered Agent

NEUGIN, NEAL
98 E. MIRACLE STREET PARKWAY
FORT WALTON BEACH FL 32548

10. Name and Address of New Registered Agent

81 Name

Neal Neugin

82 Street Address (P.O. Box Number is Not Acceptable)

103 NW Hollywood Blvd. #A

83

84 City

Fort Walton Bch.

FL

85 Zip Code

32548

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

Sheila Scott president

4-30-99

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 DPST ☐ DELETE

NAME SCOTT, SHEILA WILSON
STREET ADDRESS 98 E MIRACLE STRIP PKWY
CITY-ST-ZIP FT WALTON BEACH FL

TITLE V ☒ DELETE

NAME SCOTT, GARY
STREET ADDRESS 58 FRIENDLY LANE
CITY-ST-ZIP SHALIMAR FL 32579

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Sheila Scott Sheila Scott 4-30-99

Date

Daytime Phone #

850-244-8114

CR2E034 (11/98)

0563209