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
Apr 23, 1999 8:00 am
Secretary of State
04-23-1999 90238 013 ***150.00

DOCUMENT # V55755

1. Corporation Name
FLORIDIAN HOMES OF CRYSTAL BEACH, INC.

Principal Place of Business	Mailing Address
2931 SCENIC HWY 98 DESTIN FL 32541 US	2931 SCENIC HWY 98 ~~SUITE 5~~ DESTIN FL 32541 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualifed: 08/03/1992

4. FEI Number: 59-3133728 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

FULMER, TIMOTHY D
2931 SCENIC HWY 98
DESTIN FL 32541

10. Name and Address of New Registered Agent

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 _____ DATE
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, MILTON H		1.2 NAME	
STREET ADDRESS	2931 SCENIC HWY 98		1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DURST, JUSTIN		2.2 NAME	
STREET ADDRESS	814 N LAKESIDE DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	BUTLER, LESTER J		3.2 NAME	
STREET ADDRESS	4477 LESENDARY TR, SUITE 101		3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FULMER, MILTON H		4.2 NAME	
STREET ADDRESS	4592 WOOD WIND DR		4.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL 32541		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, STEVE		5.2 NAME	
STREET ADDRESS	7700 PRESERVATION RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ANDERSON, JAMES R		6.2 NAME	
STREET ADDRESS	4178 WHITETAIL		6.3 STREET ADDRESS	
CITY-ST-ZIP	NICEVILLE FL 32578		6.4 CITY-ST-ZIP	

CR2E034 (11/98)

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: /S/ SIGNATURE JAMES R ANDERSON 4/20/99 850-650-5055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #