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 # V65863

BACK BEACH SHELL, INC.

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90002 016 ***150.00



Principal Place	e of Business	Mailing Address					
16930 BACK BEACH RD		16990 BACK BEACH RD					
PANAMA CITY	BEACH FL 32413	PANAMA CITY BEACH	FL 32413		DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					09/21/1992		11.15
2. Principal P	lace of Business	2a. Mailing Address	**. "		4. FEI Nümber		olied For
21		26			62-1511895	\$8.75 A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & State		City & State		<u> </u>	6. Election Campaign Financing	\$5.00	May Re
23	.	28			Trust Fund Contribution	Added to	-
Zip	Country	Zip	Co	ountry	8. This corporation owes the current year	ar Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No
	9. Name and Address of Current	t Registered Agent	<u> </u>		10. Name and Address of New Register	red Agent	
				81 Name			
	SK MITTIYM			82 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	IO BACK BEACH ROAD AMA CITY BEACH FL 32413				<u> </u>		
FAIN	AMA CITT BEACTIFE 32413			83			
				84 City		FL 85 Zip C	ode
44 Durauant	to the provisions of Sections 607 0500	2 and 607 1508 Florida S	tatutes the	above-named com	poration submits this statement for the purpor	se of changing its	registered
office or r	agistered agent, or both, in the State (of Florida. Such change w	as authoriz	ed by the comoration	on's board of directors. I hereby accept the	ppointment as reg	gistered
Ollide of I	egistered agent, or both, in the ordio t			ca by the corporati			
agent. 1 a	m familiar with, and accept the obligat	tions of, Section 607.0505	, Florida St	tatutes.			
agent. 1 a	m familiar with, and accept the obligat	lions of, Section 607.0505	, Pionda St	tatutes.			}
agent. 1 a	m familiar with, and accept the obligat Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable.	, Pionda St	icatutes. Fred Age <mark>nt signature require</mark>		E	RS IN 12
agent. I a	m familiar with, and accept the obligat	it and title if applicable.	NOTE: Register	icatutes. Fred Age <mark>nt signature require</mark>	ed when reinstating) DA1	E	
agent. 1 a SIGNATURE 12.	m familiar with, and accept the obligat Signature, typed or printed name of registered egen OFFICERS AN	t and title if applicable. D DIRECTORS	NOTE: Register	ratures. ared Agent signature require 3.	ed when reinstating) DA1	E S AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN DP QUIRK, WILLIAM D.	t and title if applicable. D DIRECTORS	NOTE: Register 13 E 1.1	red Agent signature require 3.	ed when reinstating) DA1	E S AND DIRECTO	RS IN 12
agent. 1 a SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agen OFFICERS AN DP QUIRK, WILLIAM D.	t and title if applicable. D DIRECTORS	NOTE: Register 113 E 1.1 1.2	red Agent signature require 3. 1 TITLE 2 NAME	ed when reinstating) DA1	E S AND DIRECTO Change	RS IN 12
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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 of 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. CITY-ST-ZIP

SIGNATURE: