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

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 PM 1:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 390469 (5)

1. Corporation Name
EASTWINDS MOTEL, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1505 1ST STREET SOUTH<br>P. O. BOX 50526<br>JACKSONVILLE BEACH FL 32250 | 1505 1ST STREET SOUTH<br>P. O. BOX 50526<br>JACKSONVILLE BEACH FL 32250 |

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/28/1971
3a. Date of Last Report: 04/20/1994

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

4. FEI Number: 59-1368138 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

REITER, DEE D
ROBERTS & REITER, PA
725 BLACKSTONE BLVD, 233 E BAY ST
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81 Name: ROBERT A. SKEELS
82 Street Address (P.O. Box Number is Not Acceptable): 444 - 3rd STREET
83:
84 City: NEPTUNE BEACH FL 85 Zip Code: 32266

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: Robert A. Skeels — 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | DP | 11 TITLE | ☐ Change ☐ Addition |
| NAME | SIBLEY, BENJAMIN D III | 12 NAME | |
| STREET ADDRESS | 1505 1ST ST SOUTH | 13 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE BCH,FL00000 | 14 CITY-ST-ZIP | |
| TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | SIBLEY,MARTHA ANN | 22 NAME | |
| STREET ADDRESS | 1505 1ST STREET SOUTH | 23 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE BCH FL | 24 CITY-ST-ZIP | |
| TITLE | VD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LANGFORD, MARTHA JANE | 32 NAME | |
| STREET ADDRESS | 1505 1ST ST SO | 33 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE BCH FL | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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)(k), 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: Martha Ann Sibley — 4/24/95 — 904-249-3858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA ANN SIBLEY

0000390 CP