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PROFIT CORPORATION ANNUAL REPORT



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

1996

| Corporation AMELI | MENT # 69602 IA REALTY, INC. | 27 (2) | | | F FERMIN BOWN SERVIC BOWN ABOUR IS | 8/4 /4 84 8/8/4 8/8/4 8/8/4 8/ | |
|--|--|--|--|---|---|---|--|
| Principal Place | of Business | Mailing Address | | | | DIN 1981: ENERGY BURNE BURNE BU | |
| PO BOX 30 AMELIA ISL | | PO BOX 3000 Amelia Island Pla | | | | | |
| US | AND FL 32035-1307 | AMELIA ISLAND FL US | 32035-1307 | | 3. Date Incorporated or Qualified 07/24/1981 | 3a. Date of Last 04/24/1 | • |
| Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number | | Applied For | |
| Suite, Apt. : | #, etc. | Suite, Apt. #, etc. | | | 58-1473630 | \$1 \$8.7 | Not Applicable 5 Additional |
| 2 | | 27 | | | 5. Certificate of Status Desired | | Required |
| City & State | 9 | City & State | | | Election Campaign Financing Trust Fund Contribution | | 00 May Be |
| Zip | Country | Zip | Country | , | 8. This corporation has liability for | | |
| <u> </u> | 25 | 29 | 30] | | Florida Statutes X Yes | | |
| | 9. Name and Address of Currer | nt Hegistered Agent | 81 | Name | 10. Name and Address of New F | Registered Agent | |
| COMM | ANDED CHADIES E III | | | | | | |
| COMMANDER, CHARLES E, III 2000 INDEPENDENT SO | | | 82 | Street Add | fress (P.O. Box Number is Not Acceptab | ole) | |
| | ONVILLE FL | | 83 | | | | |
| | | | 0.4 | 0.1 | | 7 | |
| | | | 84 | 1 | | FL T | ip Code |
| Or registeri | ed agent, or both, in the state of rion | oa. Such change was author, | zeu by the corb | named corpo oration's boa | oration submits this statement for the pur and of directors. I hereby accept the app | rpose of changing its pointment as registere | registered offic d agent. I am |
| familiar wit | th, and accept the obligations of, Sect Signature, typed or printed hame of registered agent | ion 607,0505, Florida Statute | OTE: Registered Agen | ioration s doa | ard of directors. I hereby accept the applied when reinstating) | DATE | d agent. I am |
| familiar wit | Signature, typed or printed name of registered agent | oa. Such change was authorition 607.0505, Florida Statute and title if applicable. (No D DIRECTORS | S. OTE: Registered Agen | ioration s doa | ard of directors. Thereby accept the app | DATE FICERS AND DIRECTOR | d agent. I am ORS IN 12 |
| familiar wit | Signature, typed or printed name of registered agent OFFICERS AN | ion 607,0505, Florida Statute | OTE: Registered Agent | ioration s doa | ard of directors. I hereby accept the applied when reinstating) | DATE | d agent. I am ORS IN 12 |
| familiar wit IGNATURE _ 2. | Signature, typed or printed name of registered agent | oa. Such change was authorition 607.0505, Florida Statute and title if applicable. (No D DIRECTORS | OTE: Registered Agen 13. 1.1 TITLE 1.2 NAME | oration s boa | ard of directors. I hereby accept the applied when reinstating) | DATE FICERS AND DIRECTOR | d agent. I am ORS IN 12 |
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SIGNATURE:

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