## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

STREET ADDRESS

CITY-ST-ZIP

**FILED** Apr 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 696027 AMELIA REALTY, INC. Principal Place of Business Mailing Address PO BOX 3000 PO BOX 3000 AMELIA ISLAND PLANTATION AMELIA ISLAND PLANTATION DO NOT WRITE IN THIS SPACE FERNANDINA BCH FL 32035-3000 FERNANDINA BCH FL 32035-3000 Date Incorporated or Qualified 07/24/1981 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-1473630 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country B. This corporation owes or has paid the current year Intangible X Yes 24 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent COMMANDER, CHARLES E. III 81 Name 2000 INDEPENDENT SQ Street Address (P.O. Box Number is Not Acceptable) 82 JACKSONVILLE FL 63 84 City 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. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELFTE \_\_ Change Addition COOPER, RICHARD L. NAME 1.2 NAMÉ 2750 TERMINAL TOWER STREET ADDRESS 1.3 STHEET ADDRESS **CLEVELAND OH** 1.4 CITY - \$1 - 7/P CITY-ST-ZIP DELETE Addition TITLE 2.1 TiTLE GUDBRANSON, ROBERT N. NAME 2.2 NAME 2750 TERMINAL TOWER STREET ADDRESS 2.3 STREET ADDRESS **CLEVELAND OH** CITY-ST-ZiP 2 4 CITY - \$1 - ZIP DELETE Change Addition TITLE 3 1 TITLE BRAY, NORMAN NAME 3 2 NAME AMELIA ISLAND PLANTATION 3 3 STREET ADDRESS STREET ADDRESS AMELIA ISLAND FL 34 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 4.1 T(T) E TITLE HEALAN, JACK B. JR NAME 4. 2 NAME AMEILA ISLAND PLANTATION 4.3 STREET ADDRESS STREET ADDRESS AMELIA ISLAND FL CITY-ST-7P 4.4 CITY-\$1-7IP DELETE Change Addition TITLE 5.1 THEF COMMANDER, CHARLES E,III NAME 5.2 NAME **200 LAURA STREET** STREET ADDRÉSS 5.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 5 4 CITY - ST- 7IP DELETE Change Addition THILE 6 1 TITLE 62 NAME NAME

**63 STREET ADDRESS** 

14. Thereby 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 logal 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

April 7, 1998 904/261-6161