2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

		CINDED AIN	OAL ILL O	7.1								
DOCUI 1. Entity Nam AMELIA F	е	# 696027 INC.					FILED 4 OCT 12 PH 4: 04					
Principal Place PO BOX 3000 AMELIA ISLAN FERNANDINA	0 ND PLANTAT		Mailing Address PO BOX 3000 AMELIA ISLAND PLANTATION FERNANDINA BCH, FL 32035-3000 US					ECRETARY LLAHASSE				
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			11	0052004	Chg-P	CR2E0	34 (10/03)		
City & State			City & State			4.	FEI Numbe 58-1473				plied For t Applicable	
Zip		Country	Zip	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required.					itional		
6. Name and Address of Current F			egistered Agent			7.	7. Name and Address of New Registered Agent					
						Name						
COMMANI 200 LAUR JACKSON	A STREET		Street Ad			ess (P.O. Box Number is Not Acceptable)						
						y FL Zip Code						
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											and accept	
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE												
9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees												
10.		OFFICERS AND D	DIRECTORS	11.	-	A	DDITIONS/	CHANGES TO OF	FICERS AND	DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, RICHARD L. MINAL TOWER IND, OH	⊠ Delate			•	2 10/1	0004	1822 53010	Change TCC **61.	□ Addition 25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					IE C	V & S Cooper, Richard A. 2750 Terminal Tower Cleveland, OH						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					1 10	'& Assist. S ⊠ Change □ Additionary, S. Norman					Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·					P & T Healan	n, Jacl	c B., Jr.		X Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 LAURA STREET				E A ME CEET ADDRESS '-ST-ZIP	Assis: Comman	ist. S					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	CITY	ME J EET ADDRESS 9 '-ST-ZIP A	John 1 96168 Amelia	a Isla	way Blvd.	2034		⊠ Addition	
12. 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 report or supplemental 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 truthee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all either like empowered.												
SIGNATURE: Vice President 10-8-04 904.277.5100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE												