

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 724240 (7)**

1. Corporation Name  
**AMELIA BY THE SEA, INC.**



Principal Place of Business: **3240 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32034**  
Mailing Address: **3240 SOUTH FLETCHER AVENUE FERNANDINA BEACH FL 32034**

3. Date Incorporated or Qualified: **08/30/1972**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1513985</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip		Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>OSBOURNE, GEORGE JR</b> <b>3240 S FLETCHER AVE</b> <b>FERNANDINA BEACH FL 32034</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>THOMAS, DARRELL</b>			1.2 NAME	<b>Bashlor, Wayne</b>		
STREET ADDRESS	<b>RT 4 BOX 490</b>			1.3 STREET ADDRESS	<b>PO Box 1406</b>		
CITY-ST-ZIP	<b>BLACKSHEAR GA</b>			1.4 CITY-ST-ZIP	<b>Waycross, GA. 31502</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>VANCLEVE, ROBERT</b>			2.2 NAME	<b>Newton, James</b>		
STREET ADDRESS	<b>3500 RICHMOND STREET</b>			2.3 STREET ADDRESS	<b>2221 Hall Ave.</b>		
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>			2.4 CITY-ST-ZIP	<b>Tifton, GA. 31794</b>		
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANCASTER, JEROME</b>			3.2 NAME			
STREET ADDRESS	<b>3240 S. FLETCHER #332</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FERNANDINA BCH FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GRIFFIN, LARRY</b>			4.2 NAME			
STREET ADDRESS	<b>3508 EIGHT MI. POST RD.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>WAYCROSS GA</b>			4.4 CITY-ST-ZIP			
TITLE	<b>O</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DIETRICH, GLENDA</b>			5.2 NAME			
STREET ADDRESS	<b>2203 SHERWOOD DR N.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>VALDOSTA GA</b>			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerome Lancaster* **2-16-96** **904-261-8002**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)