

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741023** (6)

1. Corporation Name

ALLYBY LODGE, INC.



Principal Place of Business 2872 KINGS RD. ST. AUGUSTINE FL 32086 US	Mailing Address 2872 KINGS PL ST. AUGUSTINE FL 32086 US
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3. Date Incorporated or Qualified
12/12/1977

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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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. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS B. WHITCOMB
2872 KINGS RD.
ST. AUGUSTINE FL 32086

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KLING, WILLIAM H., JR	
STREET ADDRESS	9430 US 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROBINSON, MIKE	
STREET ADDRESS	9460 US 1 SOUTH	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DEGRANDE, JOSEPH	
STREET ADDRESS	405 LOBELIA ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	POIRIER, CAMILLE H	
STREET ADDRESS	100 SR 206 WEST	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WHITCOMB, THOMAS	
STREET ADDRESS	2872 KINGS ROAD	
CITY-ST-ZIP	ST AUGUSTINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLING, ROBERT	
STREET ADDRESS	P.O. BOX 4045 N/A	
CITY-ST-ZIP	ST AUGUSTINE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Thomas B. Whitcomb **THOMAS B. WHITCOMB**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-98

Date

Daytime Phone # 0001523

CR2E037 (10/97)