FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08112 (1)

1. Corporation Name
SHELL POINT RESORT, INC.

Principal Place of Business	Mailing Address
1020 E. LAFAYETTE STREET #110 P.O. BOX 592 TALLAHASSEE FL 32302	1020 E. LAFAYETTE STREET #110 P.O. BOX 592 TALLAHASSEE FL 32302

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2655134 ☐ Applied For ☐ Not Applicable
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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TAFF, GEORGE S.
~~2912 THOMASVILLE ROAD~~ 120 BEATY TAFF DRIVE
~~TALLAHASSEE FL 32302~~ CRAWFORDVILLE, FL 32327

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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.

SIGNATURE [signature] GEORGE S. TAFF 2-17-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PCD ☒ Change ☐ Addition
NAME	TAFF, GEORGE S.	1.2 NAME	Address only
STREET ADDRESS	2912 THOMASVILLE ROAD	1.3 STREET ADDRESS	TAFF, GEORGE S.
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	120 BEATY TAFF DRIVE CRAWFORDVILLE, FL 32327
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MOODY, FLORENCE T.	2.2 NAME	
STREET ADDRESS	1909 ATAPHA NENE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	MCNEFF, MARY HELEN	3.2 NAME	
STREET ADDRESS	3210 DUNGARVIN	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	AST	4.1 TITLE	AST ☒ Change ☐ Addition
NAME	TAFF, BETTY	4.2 NAME	Address only
STREET ADDRESS	2912 THOMASVILLE ROAD	4.3 STREET ADDRESS	TAFF, BETTY
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	120 BEATY TAFF DRIVE CRAWFORDVILLE, FL 32327
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GEORGE S. TAFF 2-17-95 904-656-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0026311 CP