FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J08112** **(1)**

1. Corporation Name

SHELL POINT RESORT, INC.

Principal Place of Business	Mailing Address
1020 E. LAFAYETTE STREET #110 P.O. BOX 992 TALLAHASSEE FL 32302	1020 E. LAFAYETTE STREET #110 P.O. BOX 992 TALLAHASSEE FL 32302

3. Date Incorporated or Qualified: **04/08/1986**

3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business
21: 1018 THOMASVILLE RD.
Suite, Apt. #, etc.
22: SUITE #111
City & State
23: TALLAHASSEE, FLA.
Zip 24: 32303 Country 25: USA

2a. Mailing Address
26: P.O. BOX 992
Suite, Apt. #, etc.
27:
City & State
28: TALLAHASSEE, FLA.
Zip 29: 32302 Country 30: USA

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

TAFF, GEORGE S.
2912 THOMASVILLE ROAD
TALLAHASSEE FL 32302

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 120 BEATY TAFF DR.
83:
84 City: CRAWFORDVILLE **FL** 85 Zip Code: 32327

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 _____ DATE
Signature, typed or printed name of registered agent and, if applicable, (Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE	☑ Change ☐ Addition
NAME	TAFF, GEORGE S.		1.2 NAME	
STREET ADDRESS	2912 THOMASVILLE ROAD		1.3 STREET ADDRESS	120 BEATY TAFF DR.
CITY-ST-ZIP	TALLAHASSEE FL		1.4 CITY ST ZIP	CRAWFORDVILLE, FLA. 32327
TITLE	VD	☐ DELETE	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	32301
TITLE	STD	☐ DELETE	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	32308
TITLE	AST	☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	TAFF, BETTY		4.2 NAME	
STREET ADDRESS	2912 THOMASVILLE ROAD		4.3 STREET ADDRESS	120 BEATY TAFF DR.
CITY-ST-ZIP	TALLAHASSEE FL		4.4 CITY ST ZIP	CRAWFORDVILLE, FLA. 32327
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY ST ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY ST ZIP	

CR2E034 (12/95)

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: Betty E. Taff BETTY E. TAFF 4-26-96 904-222-2422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #