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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
1018 THOMASVILLE RD STE 111 TALLAHASSEE FL 32303 US	P O BOX 892 TALLAHASSEE FL 32302-0892 US

3. Date Incorporated or Qualified: 04/08/1986
3a. Date of Last Report: 04/30/1996

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

2. Principal Place of Business	2a. Mailing Address
21 SHELL POINT RESORT, INC.	26 SHELL POINT RESORT, INC
Suite, Apt. #, etc. 22 1541 SHELL POINT RD.	Suite, Apt. #, etc. 27 1541 SHELL POINT RD.
City & State 23 CRAWFORDVILLE, FLA.	City & State 28 CRAWFORDVILLE, FLA.
Zip / Country 24 32327 / 25 U.S.A.	Zip / Country 29 32327 / 30 USA

9. Name and Address of Current Registered Agent

TAFF, GEORGE S.
120 BEATY TAFF DR
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title 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	120 BRATY TAFF DR	1.3 STREET ADDRESS	120 BEATY TAFF DR. (SPELLING)
CITY-ST-ZIP	CRAWFORDVILLE FL	1.4 CITY-ST-ZIP	
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	
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	
TITLE	AST ☐ DELETE	4.1 TITLE	☑ Change ☐ Addition
NAME	TAFF, BETTY	4.2 NAME	
STREET ADDRESS	120 BRATY TAFF DR	4.3 STREET ADDRESS	120 BEATY TAFF DR. (SPELLING)
CITY-ST-ZIP	CRAWFORDVILLE FL	4.4 CITY-ST-ZIP	
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 (9/96)

14. I do 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 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 904-926-7185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #