AMENDED

FILE NOW: FILING FEE AFTER MAY 1 IS ~~$550.00~~ $61.25

PROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
97 JUN 12 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J08112

1. Corporation Name
SHELL POINT RESORT, INC.

Principal Place of Business: 1541 SHELL POINT ROAD, CRAWFORDVILLE, FL. 32327
Mailing Address:

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
3a. Date of Last Report

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.
120 BEATY TAFF DRIVE
CRAWFORDVILLE, FL. 32327

10. Name and Address of New Registered Agent
81 Name: ROGER F. HAYS
82 Street Address (P.O. Box Number is Not Acceptable): 2108 WOODSTOCK LANE
83
84 City: TALLAHASSEE FL 85 Zip Code: 32303

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: ROGER F. HAYS [signature] 6/11/97
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	PCD	☒ DELETE
NAME	TAFF, GEORGE S.	
STREET ADDRESS	120 BEATY TAFF DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	VD	☒ DELETE
NAME	FLORENCE MOODY	
STREET ADDRESS	1909 ATAPHA NENE	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	STD	☒ DELETE
NAME	McNEFF, MARY HELEN	
STREET ADDRESS	3210 DUNGARVIN	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	AST	☒ DELETE
NAME	TAFF, BETTY	
STREET ADDRESS	120 BEATY TAFF DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCD	☒ Change ☐ Addition
1.2 NAME	HAYS, ROGER F.	
1.3 STREET ADDRESS	2108 WOODSTOCK LANE	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32303	
2.1 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
2.2 NAME	KENT KNISLEY	
2.3 STREET ADDRESS	9060 OAKFAIR DRIVE	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311	
3.1 TITLE	SEC.	☒ Change ☐ Addition
3.2 NAME	HAYS, DARIA	
3.3 STREET ADDRESS	2108 WOODSTOCK LANE	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL. 32303	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	400002210894--4	
4.3 STREET ADDRESS	-06/12/97--01131--015	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: ROGER F. HAYS [signature] 6/11/97 904-926-7161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #