

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:48

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P94000042711 (9)

1. Corporation Name

SALLYS PELICAN POINT, INC.

Principal Place of Business

**10310 MIDDLE BEACH ROAD
PANAMA CITY BEACH FL 32407**

Mailing Address

**10310 MIDDLE BEACH ROAD
PANAMA CITY BEACH FL 32407**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/02/1984

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-3113219

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

**GRAY, FRANK W
108 W. 13TH STREET
PANAMA CITY FL 32401**

81 Name

Cynthia S. Samuels

82 Street Address (P.O. Box Number Is Not Acceptable)

12118 Back Beach Road

83

84 City

Panama City Beach FL

85

**Zip Code
32407**

10. Name and Address of New Registered Agent

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

Cynthia S. Samuels

(NOTE: Registered Agent signature required when reappointing)

6/5/95

DATE

12. OFFICERS AND DIRECTORS

TITLE **D**
NAME **TILLEY, WILEY T**
STREET ADDRESS **138 PALM GROVE BOULEVARD**
CITY - ST - ZIP **PANAMA CITY BEACH FL 32407**

TITLE **D**
NAME **TILLEY, SALLY**
STREET ADDRESS **138 PALM GROVE BOULEVARD**
CITY - ST - ZIP **PANAMA CITY BEACH FL 32407**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

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

REMITTED BY MAY 1

\$ Deposited by Bank LW

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 110.07(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, unchanged, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally Tilley Wiley

4-14-95 (904) 235-0552