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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 27 1996 8:00 am
Secretary of State

DOCUMENT # P35107 (2)

1. Corporation Name

AMELIA CAPITAL CORP.

Principal Place of Business

BOX 8348
AMELIA IS FL 32034

Mailing Address

BOX 8348
AMELIA IS FL 32034

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
08/09/1991

3a. Date of Last Report
04/11/1995

4. FEI Number
58-1943970

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

10. Name and Address of New Registered Agent

KELLY, JAMES E.
BOWMAN ROAD, AMELIA VILLAGE
225 WATER STREET
AMELIA ISLAND FL 32035

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

Signature of Registered Agent or Agent for Service of Process

Signature of Registered Agent or Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
CPS
WILLIAMS, ARTHUR L., III
RT. 2 BOX 279
MONROE GA

2. TITLE ☐ DELETE

NAME
VAS
KELLY, JAMES E
BOWMAN ROAD, AMELIA VILLAGE
AMELIA ISLAND FL

3. TITLE ☐ DELETE

NAME
AS
CRIM, GLOICE Y
45 FLORENCE PT DR
FERNANDINA BCH FL

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

NAME

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