

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 23 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 219779 (6)

1. Corporation Name

SEA HORSE MOTEL OF NEPTUNE BEACH, INC.



Principal Place of Business 3800 RICHMOND ST. JACKSONVILLE FL 32205 120 ATLANTIC BLVD NEPTUNE BCH, FL 32266	Mailing Address 3800 RICHMOND ST. JACKSONVILLE FL 32205 P.O. BOX 51247 JACKSONVILLE BCH, FL 32240
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 120 ATLANTIC BLVD Suite, Apt #, etc. 22 City & State 23 NEPTUNE BCH, FL Zip 24 32266 Country 25 DUCAL	26. Mailing Address 26 P.O. BOX 51247 Suite, Apt #, etc. 27 City & State 28 NEPTUNE BEACH, FL Zip 29 32266 Country 30 DUCAL
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3. Date Incorporated or Qualified

01/31/1959

4. FEI Number

59-2949975

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MASON, W.M. JR.  
3800 RICHMOND ST.  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name KATHLEEN S. COLE  
82 Street Address (P.O. Box Number is Not Acceptable)  
1237 FOREST AVE  
83  
84 City NEPTUNE BCH FL 85 Zip Code 32266

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Kathleen S. Cole

KATHLEEN S. COLE

3/17/98

(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	DP	<input checked="" type="checkbox"/> DELETE
NAME	MASON, W.M. JR.	
STREET ADDRESS	3800 RICHMOND ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	MASON, J. DEMERE	
STREET ADDRESS	3800 RICHMOND ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MASON, FLO L.	
STREET ADDRESS	3800 RICHMOND ST	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KATHLEEN S. COLE	
1.3 STREET ADDRESS	1237 FOREST AVE	
1.4 CITY-ST-ZIP	NEPTUNE BCH, FL 32266	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: Kathleen S. Cole KATHLEEN S. COLE 3/17/98 (904) 247-5264

CR2E034 (10/97)