

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

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **390469** (5)
1. Corporation Name
EASTWINDS MOTEL, INC.

Principal Place of Business 1505 1ST STREET SOUTH P. O. BOX 50526 JACKSONVILLE BEACH FL 32250	Mailing Address 1505 1ST STREET SOUTH P. O. BOX 50526 JACKSONVILLE BEACH FL 32250-6303
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/28/1971	3a. Date of Last Report 04/24/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1368138	Applied For <input type="checkbox"/> Not Applicable
25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SKEELS, ROBERT A. 444 - 3RD STREET 725 BLACKSTONE BLVD, 233 E BAY ST NEPTUNE BEACH FL 32202		10. Name and Address of New Registered Agent	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City
		85. Zip Code	FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
DP	SIBLEY, BENJAMIN D III	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	1505 1ST ST SOUTH		
	JACKSONVILLE BCH, FL 00000		
TITLE	NAME	2.1 TITLE	2.2 NAME
SD	SIBLEY, MARTHA ANN	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	1505 1ST STREET SOUTH		
	JACKSONVILLE BCH FL		
TITLE	NAME	3.1 TITLE	3.2 NAME
VD	LANGFORD, MARTHA JANE	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	1505 1ST ST SO		
	JACKSONVILLE BCH FL		
TITLE	NAME	4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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:

Martina Ann Sibley **MARTHA ANN SIBLEY** 4/18/97 904-249-3858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0039457

CR2E034 (9/96)