

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

FILED

Apr 30 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 390469 (5)  
1. Corporation Name  
EASTWINDS MOTEL, INC.



Principal Place of Business  
1505 1ST STREET SOUTH  
JACKSONVILLE BEACH FL 32250  
Mailing Address  
1505 1ST STREET SOUTH  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 1505 - 1ST ST. SO.  
Suite, Apt. #, etc.  
22  
City & State  
23 JACKSONVILLE BEACH  
Zip  
24 32250  
Country  
25 DUAL  
2a. Mailing Address  
26 1505 - 1ST ST. SO.  
Suite, Apt. #, etc.  
27  
City & State  
28 JACKSONVILLE BEACH  
Zip  
29 32250  
Country  
30 DUAL

3. Date Incorporated or Qualified  
10/28/1971  
4. FEI Number  
59-1368138  
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

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 MARTHA ANN SIBLEY  
Street Address (P.O. Box Number is Not Acceptable)  
83 1505 - 1ST ST. SO.  
84 City  
JACKSONVILLE BEACH FL  
85 Zip Code  
32250

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 MARTHA ANN SIBLEY MARTHA ANN SIBLEY 4/22/98  
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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	SIBLEY, BENJAMIN D III	1505 1ST ST SOUTH	JACKSONVILLE BCH, FL 00000	<input type="checkbox"/>
SD	SIBLEY, MARTHA ANN	1505 1ST STREET SOUTH	JACKSONVILLE BCH FL	<input type="checkbox"/>
VD	COVERT, MARTHA JANE	1505 1ST ST SOUTH	JACKSONVILLE BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 MARTHA ANN SIBLEY MARTHA ANN SIBLEY 4/22/98

CR2E034 (10/97)