

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 429714 (9)

1. Corporation Name  
NEPTUNE INN, INC.



Principal Place of Business  
2310 ESTERO BLVD.  
FT. MYERS BEACH FL 33931

Mailing Address  
2310 ESTERO BLVD.  
FT. MYERS BEACH FL 33931

3. Date Incorporated or Qualified 07/03/1973  
3a. Date of Last Report 07/11/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1051904	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YOUNGBLOOD, R. I.  
2310 ESTERO BLVD.  
FT. MYERS BEACH FL 33931

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 tick, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P YOUNGBLOOD, ROBERT I	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2310 ESTERO BLVD	1.2 NAME	
STREET ADDRESS	FORT MYERS BEACH FL 33931	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V SMITH, JENNIFER	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	505 CLUB PARKWAY	2.2 NAME	Jennifer Erickson
STREET ADDRESS	NASHVILLE TN 37221	2.3 STREET ADDRESS	8118 Breakwater Drive Unit 87
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New Orleans, LA 70124-1616
TITLE	ST PRICE, CHRIS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	662 HARBOR CREEK ROAD	3.2 NAME	662 Harbor Creek Drive
STREET ADDRESS	CHARLESTON SC 29412	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D PRICE, SELDON W	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOX 340	4.2 NAME	Whitesburg, KY 41858
STREET ADDRESS	WHITEBURG KY 41858	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PRICE, DAVID S	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19609 7TH AVENUE	5.2 NAME	597 Price's Mill Road
STREET ADDRESS	POULSBORO WA 98970	5.3 STREET ADDRESS	Adairville, KY 42202
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)