

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

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Feb 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 33931-3221**

3. Date Incorporated or Qualified <b>07/03/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1051904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent <b>YOUNGBLOOD, R. I. 2310 ESTERO BLVD. FT. MYERS BEACH FL 33931</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ERICKSON, JENNIFER</b>	1.2 NAME	<b>Youngblood, Robert I.</b>
STREET ADDRESS	<b>8118 BREAKWATER DRIVE UNIT 87</b>	1.3 STREET ADDRESS	<b>2310 Estero Boulevard</b>
CITY-ST-ZIP	<b>NEW ORLEANS LA</b>	1.4 CITY-ST-ZIP	<b>Port Myers Beach, FL 33931</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JENNIFER</b>	2.2 NAME	<b>Erickson, Jennifer</b>
STREET ADDRESS	<b>505 CLUB PARKWAY</b>	2.3 STREET ADDRESS	<b>421B Carrollton Avenue</b>
	<b>NASHVILLE TN 37221</b>	2.4 CITY-ST-ZIP	<b>Metairie, LA 70005</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, CHRIS</b>	3.2 NAME	
STREET ADDRESS	<b>662 HARBOR CREEK DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHARLESTON SC</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, SELDON W</b>	4.2 NAME	
STREET ADDRESS	<b>BOX 340</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WHITESBURG KY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, DAVID S</b>	5.2 NAME	
STREET ADDRESS	<b>597 PRICE'S MILL RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ADAIRVILLE KY</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *Robert Youngblood* **REQUIRED** 2/24/97 841 463641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)