

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720457** (1)  
1. Corporation Name  
**ST. AUGUSTINE SHORES SERVICE CORPORATION, INC.**



Principal Place of Business <b>780 CHRISTINA DR. ST AUGUSTINE FL 32086</b>	Mailing Address <b>780 CHRISTINA DR. ST AUGUSTINE FL 32086-7659</b>
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>03/10/1971</b>	3a. Date of Last Report <b>01/25/1996</b>
4. FEI Number <b>59-1385598</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			

9. Name and Address of Current Registered Agent <b>WILLIAM HARKNESS 718 NIEVES LANE ST. AUGUSTINE FL 32086</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>VP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCOTT, WESLEY R.</b>	1.2 NAME	<b>Clarence Hankerson</b>
STREET ADDRESS	<b>758 MEDINA AVE</b>	1.3 STREET ADDRESS	<b>1040 Greco Road</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	1.4 CITY-ST-ZIP	<b>St. Augustine, FL. 32086</b>
TITLE	<b>SECT'Y.</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BISCOFF, HOWARD</b>	2.2 NAME	<b>Willis Van Pelt</b>
STREET ADDRESS	<b>89 CATALINA CIRCLE</b>	2.3 STREET ADDRESS	<b>669 Bahia Court</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	2.4 CITY-ST-ZIP	<b>St. Augustine, FL. 32086</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOFMANN, RAYMOND F</b>	3.2 NAME	<b>Frances Dobkowski</b>
STREET ADDRESS	<b>24 SANTIAGO CT</b>	3.3 STREET ADDRESS	<b>7 Cartagena Court</b>
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	3.4 CITY-ST-ZIP	<b>St. Augustine, FL. 32086</b>
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, BERT</b>	4.2 NAME	
STREET ADDRESS	<b>396 CASSANDRA LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICHALOWSKI, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>599 W. BIANCA CIR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST. AUGUSTINE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATSON, JOSEPH</b>	6.2 NAME	
STREET ADDRESS	<b>209 DELTONA BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ST AUGUSTINE FL</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Willis Van Pelt*

2-3-97

CR2E037 (9/96)