

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90043 050 ****61.25

DOCUMENT # 720457

1. Corporation Name

ST. AUGUSTINE SHORES SERVICE CORPORATION

Principal Place of Business

790 CHRISTINA DR.
ST AUGUSTINE FL 32086

Mailing Address

790 CHRISTINA DR.
ST AUGUSTINE FL 32086

107017-90043-50



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/10/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1385598

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOCKERS, RONALD F
2208 TWIN FOX TRAIL
ST. AUGUSTINE FL 32086

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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	P	<input type="checkbox"/> DELETE
NAME	HILL, RAYMOND	
STREET ADDRESS	726 SACO COURT	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BISCOFF, HOWARD	
STREET ADDRESS	89 CATALINA CIRCLE	
CITY-ST-ZIP	ST AUGUSTINE FL 32086	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TARRANT, ROBERT	
STREET ADDRESS	1093 A1A BEACH BLVD, SUITE 394	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANKERSON, CLARENCE	
STREET ADDRESS	1040 GRECO ROAD	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MICHALOWSKI, JOHN	
STREET ADDRESS	599 W. BIANCA CIR.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VAN PELT, WILLIS	
STREET ADDRESS	669 BAHIA COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Watson, Joe	
1.3 STREET ADDRESS	209 Deltona Blvd.	
1.4 CITY-ST-ZIP	St. Augustine, FL 32086	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tarrant, Robert	
2.3 STREET ADDRESS	916 Alcala Drive	
2.4 CITY-ST-ZIP	St. Augustine, FL 32086	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hinman, Jack	
3.3 STREET ADDRESS	19 Aledo Court	
3.4 CITY-ST-ZIP	St. Augustine, FL 32086	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Miller, Bert	
4.3 STREET ADDRESS	394 Cassandra Lane	
4.4 CITY-ST-ZIP	St. Augustine, FL 32086	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scott, Wesley	
5.3 STREET ADDRESS	758 Medina Avenue	
5.4 CITY-ST-ZIP	St. Augustine, FL 32086	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond Hill President

Date

January 7, 1999

Daytime Phone #

CR2E037 (1/198)