# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 724841 (2)

1. Corporation Name
POINT MATANZAS MANAGEMENT INC

| Principal Place of Business | Mailing Address |
|---|---|
| 7265 A-1-A SOUTH<br>ST. AUGUSTINE FL 32086 | 7265 A-1-A SOUTH<br>ST. AUGUSTINE FL 32086 |

3. Date Incorporated or Qualified: 12/21/1972
3a. Date of Last Report: 02/01/1994
4. FEI Number: 59-1479131 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

**9. Name and Address of Current Registered Agent**

FRANKLIN, JEAN S
115 ST. JOHNS BLVD.
EAST PALATKA FL 32131

**10. Name and Address of New Registered Agent**

81 Name: SHEFFIELD, CLIFTON
82 Street Address (P.O. Box Number is Not Acceptable): 7265 AIA South UNIT A-4
83
84 City: ST Augustine FL 85 Zip Code: 32186

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: Clifton Sheffield Clifton Sheffield 2/24/95
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 | 1.1 TITLE | P | ☒ Change ☐ Addition |
| NAME | FRANKLIN, JEAN S | 1.2 NAME | Sheffield, Clifton | |
| STREET ADDRESS | 115 ST. JOHNS BLVD. | 1.3 STREET ADDRESS | 7265 AIA South UNIT A-4 | |
| CITY-ST-ZIP | EAST PALATKA FL | 1.4 CITY-ST-ZIP | St. Augustine, FLA 32186 | |
| TITLE | VP | 2.1 TITLE | VP | ☒ Change ☐ Addition |
| NAME | DAVIS, HAL | 2.2 NAME | ZIPPERER, AL | |
| STREET ADDRESS | 3747 CONSTANCIA DR. | 2.3 STREET ADDRESS | 365 Airport Rd. | |
| CITY-ST-ZIP | GREEN COVE SPRINGS FL | 2.4 CITY-ST-ZIP | ORMOND Beach FL. 32174 | |
| TITLE | T | 3.1 TITLE | T. | ☐ Change ☐ Addition |
| NAME | BOWMAN, HARLAN L | 3.2 NAME | | |
| STREET ADDRESS | 1806 WOODLEIGH DR. | 3.3 STREET ADDRESS | Same | |
| CITY-ST-ZIP | JACKSONVILLE FL | 3.4 CITY-ST-ZIP | | |
| TITLE | D | 4.1 TITLE | D | ☒ Change ☐ Addition |
| NAME | YORK, DOYLE | 4.2 NAME | BARBER, GINGER | |
| STREET ADDRESS | 1006 RIVER ST. | 4.3 STREET ADDRESS | Route 1, Box 547 | |
| CITY-ST-ZIP | PALATKA FL | 4.4 CITY-ST-ZIP | MacClenny, FL 32063 | |
| TITLE | S | 5.1 TITLE | S | ☒ Change ☐ Addition |
| NAME | SINGLETARY, RITA | 5.2 NAME | McIntire, Sally D-1 | |
| STREET ADDRESS | 111 NORTH PALM AVE | 5.3 STREET ADDRESS | 7265 AIA South, | |
| CITY-ST-ZIP | PALATKA FL | 5.4 CITY-ST-ZIP | St Augustine, FL 32086 | |
| TITLE | D | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | HINES, W.L. | 6.2 NAME | N. A. | |
| STREET ADDRESS | 912 RIVER ST | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALATKA FL | 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)(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:** Clifton Sheffield Clifton Sheffield 2/24/95 (904) 325-4224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0025071