FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **724841** **(2)**

1. Corporation Name

POINT MATANZAS MANAGEMENT INC

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

3. Date Incorporated or Qualified: **12/21/1972**
3a. Date of Last Report: **03/09/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27: UNIT B7

City & State — 23
City & State — 28

Zip — 24 | Country — 25
Zip — 29 | Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SHEFFIELD, CLIFTON S
7265 A1A SOUTH UNIT A-4
ST. AUGUSTINE FL 32186

10. Name and Address of New Registered Agent

81 Name: Ginger Barber
82 Street Address (P.O. Box Number is Not Acceptable): 7265 A1A South, Unit D-4
83
84 City: St. Augustine **FL** 85 Zip Code: 32186

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: Ginger Barber — Ginger Barber — 4/29/96
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☒ DELETE
NAME	SHEFFIELD, CLIFTON	
STREET ADDRESS	7265 A-1-A SOUTH	
CITY-ST-ZIP	ST. AUGUSTINE FL 32086	
TITLE	V	☐ DELETE
NAME	ZIPPERER, AL	
STREET ADDRESS	365 AIRPOPRT ROAD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	T	☒ DELETE
NAME	BOWMAN, HARLAN L	
STREET ADDRESS	1806 WOODLEIGH DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	☐ DELETE
NAME	BARBER, GINGER	
STREET ADDRESS	RT. 1 BOX 947	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	S	☒ DELETE
NAME	MCINTIRE, SALLY	
STREET ADDRESS	7625 AIR SOUTH D-1	
CITY-ST-ZIP	ST. AUGUSTINT FL 32086	
TITLE	D	☒ DELETE
NAME	HINES, W.L.	
STREET ADDRESS	912 RIVER ST	
CITY-ST-ZIP	PALATKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Secretary	☐ Change ☒ Addition
1.2 NAME	Jean S. Franklin	
1.3 STREET ADDRESS	115 St. Johns Blvd,	
1.4 CITY-ST-ZIP	East Palatka, Fl 32131-0431	
2.1 TITLE	Treasurer	☐ Change ☒ Addition
2.2 NAME	James Travers	
2.3 STREET ADDRESS	7265 A1A South, Unit B-7	
2.4 CITY-ST-ZIP	St. Augustine, Fl 32086	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	Joe McIntire	
3.3 STREET ADDRESS	7265 A1A South, Unit D-1	
3.4 CITY-ST-ZIP	St. Augustine, Fl 32086	
4.1 TITLE	President	☒ Change ☐ Addition
4.2 NAME	Ginger Barber	
4.3 STREET ADDRESS	Rt 1 Box 947	
4.4 CITY-ST-ZIP	Macclenny, Fl 32063	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	400001872724	
5.4 CITY-ST-ZIP	-06/24/96--01024--041	
6.1 TITLE	***61.25	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	05-01-96 DX	

CR2E037 (12/95)

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

SIGNATURE: Jean S. Franklin — Jean S. Franklin — 4/29/96 — (904)329-4137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #