

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 # 741023 (6)

1. Corporation Name

ALLYBY LODGE, INC.

Principal Place of Business

2872 KINGS RD.
ST. AUGUSTINE FL 32086
US

Mailing Address

2872 KINGS PL
ST. AUGUSTINE FL 32086
US



2. Principal Place of Business

2a. Mailing Address

21 Same

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
12/12/1977

3a. Date of Last Report
04/12/1995

4. FEI Number
NOT APPLICABLE

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

10. Name and Address of New Registered Agent

THOMAS B. WHITCOMB
2872 KINGS RD.
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 Thomas B. Whitcomb

Signature, typed or printed name of registered agent and title if applicable

Thomas B. Whitcomb

(NOTE: Registered Agent signature required when reinstating)

3-12-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KLING, WILLIAM H., JR
STREET ADDRESS 9430 US 1 SOUTH
CITY- ST- ZIP ST AUGUSTINE FL ☐ DELETE

TITLE VD
NAME ROBINSON, MIKE
STREET ADDRESS 9460 US 1 SOUTH
CITY- ST- ZIP ST AUGUSTINE FL ☐ DELETE

TITLE D
NAME DEGRANDE, JOSEPH
STREET ADDRESS 405 LOBELIA ROAD
CITY- ST- ZIP ST AUGUSTINE FL ☐ DELETE

TITLE TD
NAME POIRIER, CAMILLE H
STREET ADDRESS 100 SR 206 WEST
CITY- ST- ZIP ST AUGUSTINE FL ☐ DELETE

TITLE SD
NAME WHITCOMB, THOMAS
STREET ADDRESS 2872 KINGS ROAD
CITY- ST- ZIP ST AUGUSTINE FL ☐ DELETE

TITLE D
NAME KLING, ROBERT
STREET ADDRESS 222 W. KING ST.
CITY- ST- ZIP ST AUGUSTINE FL ☐ DELETE

1.1 TITLE
1.2 NAME ☐ Change ☐ Addition
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME ☐ Change ☐ Addition
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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03215206-01145-002
***61.25

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: Thomas B. Whitcomb Thomas B. Whitcomb 3-12-96 904 794-0010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Registrar

CR2E037 (12/95)

PM
3-15-1996