## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741023

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ALLYBY LODGE, INC.

FILED Feb 17 1997 8:00am Secretary of State

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Drive size al Dio o	of Diologas	Mailing Address							
Principal Place of Business Mailing Address  2872 KINGS RD. 2872 KINGS PL ST. AUGUSTINE FL 32086 ST. AUGUSTINE FL 32086-5464									
US		US				3. Date Incorporated or Qualified 12/12/1977	d 3a. Date of Last Report 03/15/1996		
2. Principal P	ace of Business	2a. Mailing Address		- •		4. FEI Number NOT APPLICABLE	-	Applied For	
21	# 1	26				NOT ATTEIONDED	<u> </u>	Not Applicable	
Suite, Apt.	#, eic.	Soile, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			
City & State	3	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Cour	ntry	ļ	B. This corporation has liability for I	ntangible tax un ] Yeş 🏻 No	der s. 199.032,	
24	25	29	30			Florida Statutes			
	9. Name and Address of Curre	ent registered Agent		81 Na	ıme	10. Hattle and Address of New The	gietorea Again		
<b>T10144</b>	n waterooup		Ĺ						
	B. WHITCOMB			<b>82</b> Str	eet Addres	s (P.O. Box Number is Not Acceptat	ole)		
2872 KIN			ŀ	83					
SI. AUG	USTINE FL 32086		L				- Incl	****	
.}. ≒ <b>,•</b>				<b>84</b> Cit	У		FL 65	Zip Code	
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the at	ove-na	ned corpo	ation submits this statement for the p	ourpose of chang	ing its registered	
office or r agent. I a	egistered agent, or both, in the Stat m familiar with, and accept the obli	e of Horida. Such change was gations of, Section 617.0503, F	authorizet Iorida Stati	ites.	corporation	n's board of directors. I hereby accel	or trie appointme	ik as registered	
SIGNATURE	Thomas B. WI	iteomb	nh	يسعديها	18.0	Stations	1-17-9	77	
SIGNATURE,	Signature, typed or printed name of registered a	***************************************		Agent sig	nature required	when reinstating)	DATE	07000 11140	
12.		ND DIRECTORS	13.		1 17	ADDITIONS/CHANGES TO OFFICE	CERS AND DIRE		
TITLE	PD	DELETE	1.1 1)]		P	ing, william H., Jr.	(A)	antie 🗀 woonnon	
NAME	KLING, WILLIAM H., JR		1.2 NA		\ au	30 USI South			
STREET ADDRESS	9430 US 1 SOUTH			REET ADDE	5	Augustine, Fl 3201	16		
CITY-ST-ZIP	ST AUGUSTINE FL	DELETE	2.1 10	IY-ST-ZIP	- 3/	mogosine, · · · ·	<b>S</b> ∡ ch	ange Addition	
TITLE	VD NORMEDNI MIKE	C) DECEM	2.2 NA		18:	Lincola Mike	•		
NAME	ROBINSON, MIKE 9460 US 1 SOUTH			reet addf	ecc /Co	Winson, MIKE			
STREET ADDRESS	ST AUGUSTINE FL			TY-ST-211	" 3	460 USI South t. Augustine, F/3.	2086		
CITY-ST-ZIP	D	DELETE	3.1 Til		16	integration eq. i -	<b>X</b> Cr	ange Addition	
NAME	DEGRANDE, JOSEPH		3.2 N		150	Grande, Joseph , 55 Lobelia Raad			
STREET ADDRESS	405 LOBELIA ROAD			reet addø	RESS HO	os Lobelia Raad			
CITY-ST-ZIP	ST AUGUSTINE FL			TY - ST - 211	حجا ہ	てっかんりょうとてけんりょうとしょう	2086		
THILE	TD	DELETE	4.1 TI	<del></del>	177	irier, Camille H.	<b>[3</b> ]	ange Addition	
NAME	POIRIER, CAMILLE H		4.2 N	AME	Po	irier, Camille H.			
STREET ADDRESS	100 SR 206 WEST		4.3 ST	REET ADDE	RESS 10	OSRZOG West,			
CITY-ST-ZIP	ST AUGUSTINE FL			TY-ST-ZIF	3	t. Augustine, Fl	32086		
TITLE	SD	DELETÉ	5.1 TI		(1		<b>⊠</b> CI	nange	
NAME	WHITCOMB, THOMAS		5.2 N	ME	W	itcomb. Inomas			
STREET ADDRESS	2872 KINGS ROAD		5.3 S1	REET ADO	I	etz Kings Koad			
CITY-ST-ZIP	ST AUGUSTINE FL			TY-ST-ZIF	زمرت ا	Augustine, F1 320	86		
TITLE	D	DELETE	6.1 TE		D	Vin DI 1	X	nange 🔲 Addition	
NAME	KLING, ROBERT		6.2 N	ME		Klins, Robert	-		
STREET ADDRESS	222 W. KING ST.		6.3 S1	REET ADD	ress	P.O.BOX 4045 -	,	- /	
CITY-ST-ZIP	ST AUGUSTINE FL		6.4 CI	TY-ST-Z#	,	St. Augustine, F	1 32065	(NIA)	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 path; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYS B. Whitcomb 1-17-97 904 79400