FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

APPROVED

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 MAY -1 AM 11:17

DOCUMENT # **754418** **(2)**

1. Corporation Name

FLOTILLA 13, SHELL POINT, INC.

500001491895
-05/17/95--01144--009
*****68.75 *****68.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
RT 2 BOX 4350 SHELL POINT BEACH CRAWFORDVILLE FL 32327	RT 2 BOX 4350 SHELL POINT BEACH CRAWFORDVILLE FL 32327

3. Date Incorporated or Qualified: 09/20/1990
3a. Date of Last Report: 03/01/1994
4. FEI Number: 59-2928401 ☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CARTER, MIKE
P.O. ~~BOX 565~~ 9 Gulf Breeze ct
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FCD	11 TITLE	FCD ☒ Change ☐ Addition
NAME	MILLER, MITCH R	12 NAME	CARLAN, ELEANOR S
STREET ADDRESS	7400 CANDLEWOOD LANE	13 STREET ADDRESS	~~P.O. BOX 565 NA~~ 4-94 Shadeville Rd.
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	VFCD	21 TITLE	VFCD ☒ Change ☐ Addition
NAME	CARLAN, ELEANOR S	22 NAME	EDRINGTON, JR., JOHN D
STREET ADDRESS	P.O. BOX 565 NA	23 STREET ADDRESS	~~[redacted]~~ 18 Gulf Breeze Ct.
CITY-ST-ZIP	CRAWFORDVILLE FL	24 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	WARDLAW, MARTHA W	32 NAME	
STREET ADDRESS	~~[redacted]~~ 1565 Shell Pt. Rd	33 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	34 CITY-ST-ZIP	
TITLE	OD	41 TITLE	☐ Change ☐ Addition
NAME	ALVERSON, SHERRIE D.	42 NAME	
STREET ADDRESS	~~[redacted]~~ 19 Alverson Way	43 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	S ☒ Change ☐ Addition
NAME	JONES, MARGERY A.	52 NAME	TREFZGER, JEANNINE B
STREET ADDRESS	RT 2, BOX 4408	53 STREET ADDRESS	~~[redacted]~~ 62 Tanat Drive
CITY-ST-ZIP	CRAWFORDVILLE FL	54 CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	gnb
STREET ADDRESS		63 STREET ADDRESS	5-1-95
CITY-ST-ZIP		64 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: Martha W. Wardlaw Martha W. Wardlaw 4/25/95 926-8743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

050795