

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 825238 (9)

1. Corporation Name
AMELIA ISLAND COMPANY

Principal Place of Business Mailing Address
**% CORPORATE CONTROLLER
P.O. BOX 3000
AMELIA ISLAND FL 32035-1307
US** **% CORPORATE CONTROLLER
P.O. BOX 3000
AMELIA ISLAND FL 32035-1307
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/21/1970** 3a. Date of Last Report: **04/21/1994**
4. FEI Number: **57-0527665** 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

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
**COMMANDER, CHARLES E., III
200 LAURA ST
JACKSONVILLE FL 32201**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 registering DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RICHARD L.	1.2 NAME	
STREET ADDRESS	2750 TERMINAL TOWER	1.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RICHARD A. (ASST)	2.2 NAME	
STREET ADDRESS	2750 TERMINAL TOWER	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADBRANSON, ROBERT N.	3.2 NAME	
STREET ADDRESS	2750 TERMINAL TOWER	3.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAY, S. NORMAN	4.2 NAME	
STREET ADDRESS	AMELIA ISLAND PLANTATION	4.3 STREET ADDRESS	
CITY - ST - ZIP	AMELIA ISLAND FL	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEALAN, JACK B., JR.	5.2 NAME	
STREET ADDRESS	AMELIA ISLAND PLANTATION	5.3 STREET ADDRESS	
CITY - ST - ZIP	AMELIA ISLAND FL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMISANO, LAURA	6.2 NAME	
STREET ADDRESS	AMELIA ISLAND PLANTATION	6.3 STREET ADDRESS	
CITY - ST - ZIP	AMELIA ISLAND 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Laura J. Palmisano*
Laura J. Palmisano
NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 1995 904/277-5162