

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **825238** (9)  
1. Corporation Name  
**AMELIA ISLAND COMPANY**



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

3. Date Incorporated or Qualified: 10/21/1970  
3a. Date of Last Report: 04/24/1995  
4. FEI Number: 57-0527665  
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 (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and 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 (81-85) fields for Name, Street Address, City, State (FL), and 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 is 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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and date of signature) (NOTE: Registered Agent signature required when renewing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD L.	
STREET ADDRESS	2750 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOPER, RICHARD A.(ASST)	
STREET ADDRESS	2750 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUDBRANSON, ROBERT N.	
STREET ADDRESS	2750 TERMINAL TOWER	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAY, S. NORMAN	
STREET ADDRESS	AMELIA ISLAND PLANTATION	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEALAN, JACK B., JR.	
STREET ADDRESS	AMELIA ISLAND PLANTATION	
CITY-ST-ZIP	AMELIA ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PALMISANO, LAURA	
STREET ADDRESS	AMELIA ISLAND PLANTATION	
CITY-ST-ZIP	AMELIA ISLAND FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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)(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 T. Palmisano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Laura T. Palmisano

Date: April 8, 1996 Day/Time/Phone #: 904/277-5162

CR2E034 (12/95)