

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COMMANDER, CHARLES E., III
200 LAURA ST
JACKSONVILLE FL 32201

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

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

NOTE: Registered Agent signature required when resigning

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME COOPER, RICHARD L.
STREET ADDRESS 2750 TERMINAL TOWER
CITY-STATE-ZIP CLEVELAND OH ☐ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD
NAME COOPER, RICHARD A. (ASST)
STREET ADDRESS 2750 TERMINAL TOWER
CITY-STATE-ZIP CLEVELAND OH ☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE SD
NAME GUDBRANSON, ROBERT N.
STREET ADDRESS 2750 TERMINAL TOWER
CITY-STATE-ZIP CLEVELAND OH ☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE V
NAME BRAY, S. NORMAN
STREET ADDRESS AMELIA ISLAND PLANTATION
CITY-STATE-ZIP AMELIA ISLAND FL ☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE P
NAME HEALAN, JACK B., JR.
STREET ADDRESS AMELIA ISLAND PLANTATION
CITY-STATE-ZIP AMELIA ISLAND FL ☐ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE V
NAME PALMISANO, LAURA
STREET ADDRESS AMELIA ISLAND PLANTATION
CITY-STATE-ZIP AMELIA ISLAND FL ☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP ☐ Change ☐ Addition

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

April 8, 1996 904/277-5162

CR2E034 (12/95)