

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90208 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 825238

1. Corporation Name
AMELIA ISLAND COMPANY



Principal Place of Business % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH FL 32035-3000 US	Mailing Address % CORPORATE CONTROLLER P.O. BOX 3000 FERNANDINA BCH FL 32035-3000 US
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1970	Applied For Not Applicable
4. FEI Number 57-0527665	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUDBRANSON, 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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

Laura T. Palmisano

SIGNATURE: *Laura T. Palmisano* SIGNATURE REQUIRED

April 8, 1999 (904)277-5162

Date

Daytime Phone #

CR2E034 (1/98)