

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

FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997 ✓



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

DOCUMENT # **F33143** ✓ (1)

1. Corporation Name  
**REGENCY CABANAS, INC.**

Principal Place of Business

P.O. BOX 52852  
50 N. LAURA ST. STE 2800-  
JACKSONVILLE FL 32201

Mailing Address

P.O. BOX 52852  
50 N. LAURA ST. STE 2800  
JACKSONVILLE FL 32201-2852



2. Principal Place of Business

21 **3326-4 Lakeshore Blvd**

Suite, Apt. #, etc.

22 City & State

23 **Jacksonville, Florida**

24 Zip **32210**

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

29 Zip

Country

30

3. Date Incorporated or Qualified

**05/01/1981**

3a. Date of Last Report

**03/01/1996**

4. FEI Number

✓ **59-2069376**

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

9. Name and Address of Current Registered Agent

**SURFACE, J FRANK  
50 NO LAURA STR  
STE 2800  
JACKSONVILLE FL 32202**

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

Signature, type or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	<b>SURFACE, J FRANK</b>	
STREET ADDRESS	<b>4081 MORVEN RD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>PAYLOR, LARRY E</b>	
STREET ADDRESS	<b>11147 ZEPHRY WAY</b>	
CITY-ST-ZIP	<b>MANDARIN, FL 00000</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>PETWAY III, THOMAS F</b>	
STREET ADDRESS	<b>2727 ATLANTIC BLVD</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>3326-4 Lakeshore Drive</b>
1.4 CITY-ST-ZIP	<b>Jacksonville, FL 32210</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)