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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Saedra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

Corporation Name

G68603 **DOCUMENT #**

(1)

CHEBEAGUE INN BY THE SEA, INC.

Mailing Address Principal Place of Business ONE SAN JOSE PLACE. STE 7 ONE SAN JOSE PLACE. STE 7 JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 3a. Date of Last Repor 3. Date Incorporated or Qualified 04/18/1995 11/09/1983 Applied For 4. FEI Number 2. Principal Place of Business Mailing Address 59-2369336 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Suite Ant. #. etc Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Zıp Country Country $Z_{\rm IO}$ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Street Address (P.O. Box Number is Not Acceptable) SMITH, V. HAWLEY JR. ONE SAN JOSE PLACE, STE 7 83 JACKSONVILLE FL 32257 85 Zip Code 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (AOTE Fossistered Apren signature required when the feet stating) CR2E034 (12/95) Signature, typica or protection to of registered air indian intro-diapple able. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12. Change Addition DELFTE 1.17/116 TITLE SMITH, V HAWLEY, JR 1.2 NAME NAME 2767 FOREST CIRCLE 1.3 STREET ADDRESS STREET ADDIRESS JACKSONVILLE, FL 00000 1.4 CITY - ST - 2IF CITY - ST-ZP Addition Change DELETE 2 1 31⁷1 F DVT TITLE SMITH, EMILY B 2.2 NAME NAMÉ 2767 FOREST CIRCLE 2.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 24 CHY-ST ZIE CITY - ST - ZIP ☐ Addition DELETE 3 1 TITLE DUNGEY, MARY L 3.2 NAME NAME 1 SAN JOSE PLACE #7 3.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE, FL 00000 3.4 CiTY - ST - ZIP CITY-ST-ZIP [] Change Addition DELETE 4 1 HILE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ACORESS 4.4 CITY ST- ZIP CITY-ST-ZIP Change Addition DELETE 5 1 Titlef TIME 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. Id a 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that the information indicated in the same legal effect as if the information indicated in the same legal effect as if the information indicated in the same legal effect as if the information indicated in the same legal effect as if the information indicated in the information indicated appears in Block 12 or Block 13 if changed, or on an attachment with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 CHY ST-ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

City - St - ZIP

STREET ADDRESS

TITLE

NAME

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DELFTE

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Addition

Change