

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 AM 12:09

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # G70978 (3)

1. Corporation Name
BAYFRONT INN, INC.

Principal Place of Business
**% ESTHER S. WHETSTONE
138 AVENIDA MENENDEZ
ST. AUGUSTINE FL 32084-5048**

Mailing Address
**C/O ESTHER S. WHETSTONE
138 AVENIDA MENENDEZ
ST. AUGUSTINE FL 32084-5048
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/16/1983	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2366790	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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**WHETSTONE, ESTHER S.
138 AVENIDA MENENDEZ
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	WHETSTONE, ESTHER S
STREET ADDRESS	282 ST GEORGE STREET
CITY - ST - ZIP	ST AUGUSTINE, FL 00000
TITLE	D
NAME	WHETSTONE, HENRY M. JR.
STREET ADDRESS	140 PELICAN REEF
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	DVP
NAME	WHETSTONE, HENRY M. SR.
STREET ADDRESS	282 ST. GEORGE STREET
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	D
NAME	WHETSTONE, VIRGINIA ANN
STREET ADDRESS	2 ST AUGUSTINE BLVD
CITY - ST - ZIP	ST. AUGUSTINE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(b)(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, trustee, or person 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 addition therein within 60 days.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Virginia Whetstone
Virginia Whetstone

2/22/95

Chapter 607.0505