

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

FILED

**Feb 13 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # G70978 (3)

1. Corporation Name
BAYFRONT INN, INC.



Principal Place of Business: **138 AVENIDA MENENDEZ, 138 AVENIDA MENENDEZ, ST. AUGUSTINE FL 32084, US**

Mailing Address: **138 AVENIDA MENENDEZ, 138 AVENIDA MENENDEZ, ST. AUGUSTINE FL 32084, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/16/1983

2. Principal Place of Business
21 **138 Avenida Menendez**
Suite, Apt. #, etc.

22 **St. Augustine, FL**
City & State

23 **32084**
Zip

24 **St. Johns**
Country

25 **St. Johns**
Country

26 **138 Avenida Menendez**
Suite, Apt. #, etc.

27 **St. Augustine, FL**
City & State

28 **32084**
Zip

29 **St. Johns**
Country

30 **St. Johns**
Country

4. FEI Number
59-2366790

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 owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

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 **Esther S. Whetstone**

82 Street Address (P.O. Box Number is Not Acceptable)
282 St. George St.

83

84 City **St. Augustine** **FL** 85 Zip Code **32084**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHETSTONE, ESTHER S	1.2 NAME	
STREET ADDRESS	282 ST GEORGE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE, FL 00000	1.4 CITY-ST-ZIP	32084
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHETSTONE, HENRY M. JR.	2.2 NAME	Whetstone, Henry M. Jr.
STREET ADDRESS	140 PELICAN REEF	2.3 STREET ADDRESS	400 Old Quarry Rd.
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	St. Augustine, FL 32084
TITLE	DVP	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHETSTONE, HENRY M. SR.	3.2 NAME	
STREET ADDRESS	282 ST. GEORGE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	3.4 CITY-ST-ZIP	32084
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHETSTONE, VIRGINIA ANN	4.2 NAME	
STREET ADDRESS	2 ST AUGUSTINE BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	4.4 CITY-ST-ZIP	32084
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **Esther S. Whetstone** **Esther S. Whetstone** **2/9/98** **904/824-0435**

CR2E034 (10/97)